The Psychiatric Survivor: A Movement Autopsy

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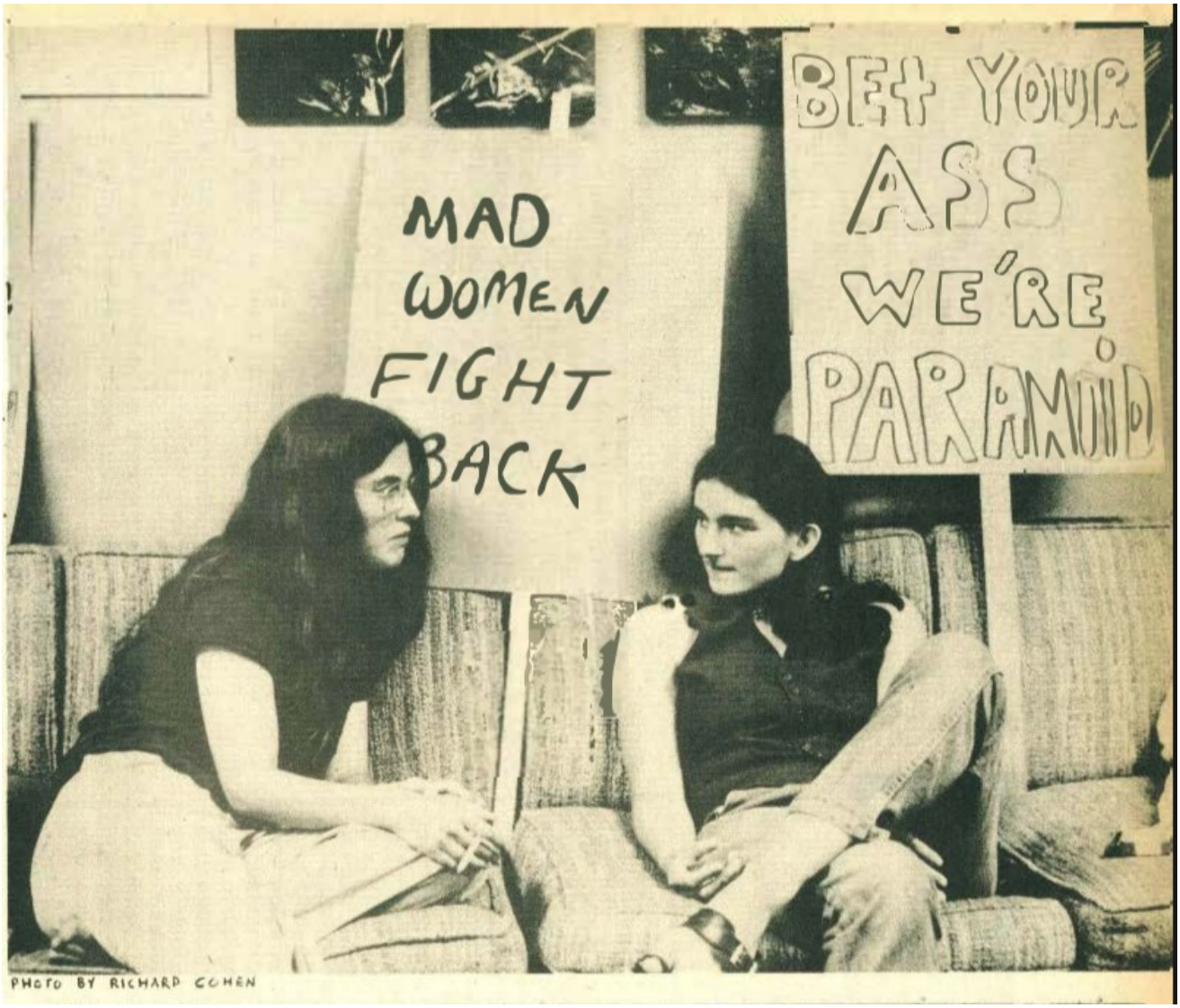


Richard Cohen, *Movement Activists Jenny Miller (left) and Saralinda (right) holding protest signs at the 1976 NAPA occupation of California Governor Brown's office. Printed in the October 1976 issue of Madness Network News*, 1976.

Special Thanks to Johanna Schoen, Norman Markowitz, friends and family.

Dedicated to Saralinda and psychiatric survivors everywhere.

Introduction

The October 1976 issue of the Psychiatric Survivor paper Madness Network News would begin with a death notice of movement activist Saralinda. Just a week prior, Saralinda had participated in a Network Against Psychiatric Assault sit-in at California Governor Brown's office demanding the end of unpaid labor in mental hospitals. The obit would read,

> The body of Saralinda, a member of WAPA, was found in Tilden Park in Berkeley on July 15th. An autopsy showed an overdose of codeine and morphine which she was taking for an extremely painful uterine condition. She had tried to kill herself several times before due to this condition, and because of her oppression as a Third World lesbian ex-mental patient and partially deaf person. Her death was a serious loss to all of us who knew and loved her.
>
> Saralinda and Jackie, a member of WAPA [Women Against Psychiatric Assault], had hitch-hiked from Berkeley to Boston for the conference last May and it was there that other members of NAPA [Network Against Psychiatric Assault] and WAPA got to know her. The strength that Saralinda showed there and at the sit-in in Sacramento was an inspiration to everyone.
>
> When her body was found, she had with her a NAPA button and a copy of the book "Prisoners of Psychiatry." Before becoming involved in the anti-psychiatry movement, she had been active in the anti-war movement, the women's movement, and the American Indian Movement. She believed in life after death.[1]

1 Madness Staff. “Saralinda.” *Madness Network News 4.1*, October 1976.

In the 1970s, a new movement emerged from nationwide deinstitutionalization and in the revolutionary fervor of the New Left. What would come to be known as the “Consumer/Ex-Patient/Survivor (C/X/S)” movement, posed a new radical challenge to the field of Psychiatry not before seen. Patients, no longer confined within the hospital, were speaking out against the conditions they faced institutionalized. However, although the C/X/S movement represented a diverse opinion of patient thought, one specific politic, that of the self-identified “Psychiatric Survivors”, became the most prominent. The Psychiatric Survivors did not just call for reform– they demanded the complete abolishment of the psychiatric profession[2].

` In pursuit of this goal, the Psychiatric survivors would stage radical protests and civil disobedience, from a month-long sit-in at the office of the governor of California to chaining themselves to the doors of the American Psychiatric Association (APA) annual conference. Members would be arrested for distributing Patient rights literature to psychiatric hospitals and disrupting National Institute Mental Health events. They sought to reclaim the terms that stigmatized them and create a “Mad Liberation” movement. They communicated through two main forms: the Annual Conference of Human Rights and Psychiatric Oppression and movement newspaper “Madness Network News”, tag-lined with a “mad” parody of the New York Times: “All the Fits that's News to Print”. The movement would involve prominent leaders in Civil Rights and New Left movements and

2 Alexandra L. Adame et al., “A Brief History of the Psychiatric Survivor Movement,” in *Exploring Identities of Psychiatric Survivor Therapists*, 1st ed., 2017, 33–53, https://doi.org/10.1057/978-1-137-58492-2_2.

would be supported by the general American Left. The Psychiatric Survivors would gain national attention at multiple points, materially reshaping "mental health" legislation.[3] It was this movement that Saralinda became dedicated to, and what her death, which many Psychiatric Survivors considered political suicide, would be devoted to.

However, information on the Psychiatric Survivor movement has become scarce. The movement, and the moment of intense psychiatric criticism it arose from, has largely disappeared from public memory. What happened to the Psychiatric survivor? And how has such a colorful, expressive, and unique movement become lost to history?

Today, psychiatry and psychiatric thought have become somewhat ubiquitous. A 2023 study revealed that 23.9% of all American adults received some kind of mental health care in the year, ranging from medication, and therapy, to inpatient treatment. In 2019, the number was only reported at 19.2% – the 2020 COVID-19 pandemic vastly expanded psychiatry in the public consciousness.[4] Public perception of psychiatry has similarly significantly improved in the last twenty-five years.[5] Specifically, the biomedical push by Psychiatry has become generally accepted by the broader public, with 15.8% of Americans taking prescribed

3 Gabriella Coleman, "The Politics of Rationality Psychiatric Survivors' Challenge to Psychiatry," in *Tactical Biopolitics* (MIT Press, 2008), 344.
4 National Center for Health Statistics, "Mental Health Treatment Trends Among Adults Aged ≥18 Years, by Age Group United States, 2019–2023," *MMWR Morbidity and Mortality Weekly Report* 73, no. 50 (December 19, 2024): 1150, https://doi.org/10.15585/mmwr.mm7350a5.
5 Dan J. Stein et al., "Psychiatric Diagnosis and Treatment in the 21st Century: Paradigm Shifts Versus Incremental Integration," *World Psychiatry* 21, no. 3 (September 8, 2022): 393–414, https://doi.org/10.1002/wps.20998.

psychiatric medication in 2019, by far the most popular kind of “psychiatric treatment”.[6] Similarly, the language of psychiatry has become embraced by younger generations. A 2024 study revealed that conversations about “mental health” have become more dominated by psychiatric terminology. In particular, the term “mental illness” has become the most popular descriptor.[7]

So it is hard to imagine a time when the model of “mental illness”, and by extension, the field of psychiatry itself, was under such brutal attack that it neared total collapse. But the 1970s, awash in the revolutionary fervor of the earlier decade, represented just that. Modern psychiatry would first enter the public spotlight following World War II, and by the 1950s would be under a diverse attack. “Anti-Psychiatry”, a thought popularized by Thomas Szaz and other academic dissident contemporaries, had become broadly popular in the counterculture. The Civil Rights era to the New Left was broadly critical of what psychiatry deemed as “ill”, and how it corresponded to what was considered “dissident”. These critiques would sharpen over the years, as the psychiatric profession became increasingly unstable.

This allowed the patients, long deprived of the ability to define their reality, to be seen as political actors. The patient became a source of

6Emily Terlizzi and Benjamin Zablotsky, “Mental Health Treatment Among Adults: United States, 2019,” *NCHS Data Brief*, no. 380 (n.d.), https://www.cdc.gov/nchs/products/databriefs/db380.htm.
7 Nick Haslam and Naomi Baes, “What Should We Call Mental Ill Health? Historical Shifts in the Popularity of Generic Terms,” *PLOS Mental Health.* 1, no. 1 (June 4, 2024): e0000032, https://doi.org/10.1371/journal.pmen.0000032.

authority and a change-making force in psychiatry instead of just something psychiatry “happened to”. With this newly found power and legitimacy, the “Psychiatric Survivors” would demand a collective political future, and liberation for all Psychiatry deemed “mad”. The Psychiatric Survivors exercised this future in two main ways, political advocacy through protests and direct action on the psychiatric establishment, and the creation of “patient-run” centers that would act as alternatives to the Psychiatric hospital and be a place where those in mental crisis can go for care. These centers would also double as places of “consciousness raising” over the ex-patient and psychiatric survivor identity.

However, as the radical 1970s gave way to Reagan’s ultra-conservative 1980s, Psychiatry began to regain its legitimacy. Meanwhile, the radical movements that remained became increasingly isolated and disempowered. The Psychiatric Survivors movement, which had largely remained independent, was struggling to get by without proper funding. Psychiatry, seeking to improve its image after the onslaught of the previous decade, found interest in the Psychiatric Survivors as a patient-run reform movement. Although the Psychiatric Survivors advocated for complete psychiatric abolishment, without the radical infrastructure of the 1970s, many were drawn to reform as a practical next step. Some psychiatric survivor organizations, and particularly psychiatric consumer organizations representing the most liberal wing of the movement, would begin to receive funding from the National Institute of Mental Health (NIMH) and the

American Psychiatric Association (APA). This would culminate in the creation of the NIMH-funded “Alternatives” conference in 1985, which would propose a national “Psychiatric Survivor Organization”, funded by NIMH.

Following the 1985 Alternatives conference, a bitter movement-wide debate over the issue of “co-optation” and “psychiatric funding” would ensue. The most radical members of the movement would begin to define the “Psychiatric Survivor” identity and movement as completely separate from that of the larger C/X/S movement, especially that of the “Psychiatric Consumer”. The Psychiatric Survivor movement would remain dedicated to the complete abolishment of Psychiatry and would reject all Psychiatric funds. This is in contrast to the consumer, whose primary interest would be patient rights, psychiatric reform, and the creation of “community alternatives”, receiving funding from Psychiatric agencies.

However, only a year later in 1986, the Psychiatric Survivors movement would fall apart. The Survivor-run Conference on Human Rights and Psychiatric Oppression and Madness Network News would both formally shut down. The conference and paper were the central points of the community that allowed the Psychiatric Survivor movement to emerge, and as they shut down, the Psychiatric Survivor politic ceased to practically exist. Many Psychiatric Survivors either left the movement entirely or joined the reformist movement. In the Psychiatric Survivor’s place, the Psychiatric consumer movement, part of a larger psychiatry-based effort of “mental

health reform", would become the most prominent "patient" voice and movement.[8]

The Psychiatric Survivor movement, despite originally being a radical force that called for the end of Psychiatry, would ultimately be used to re-legitimize and enshrine Psychiatric authority during the period of "mental health reform" of the 1980s and 1990s. This is due to the funding and ultimate take-over of the Psychiatric Survivors movement by national Psychiatric institutions in the 1980s. The politics of "Alternatives" would ultimately prove useful to the psychiatric field, as it attempted to reform the image of "community care" in the shadow of deinstitutionalization. Furthermore, the collapse of the movement is due to an innate flaw in the Psychiatric Survivor politic that would attempt to "out-organize" the Psychiatric institution itself through the creation of "Alternate" care, forcing the movement to either accept funding from the Psychiatric establishment or fall apart.

Historiography

Historians began to pay critical attention to the field of Psychiatry in the 1960s and 1970s. As Psychiatry was undergoing its first large internal crisis with the future of the field uncertain, and an intense external crisis with attacks from other academic professions and popular media, it became

8 Coleman, "The Politics of Rationality Psychiatric Survivors' Challenge to Psychiatry."

an essential time to historicize the field and try to understand how modern Psychiatry came to exist.

Historian Gerald N. Grob's 1966 work *The State and the Mentally Ill* would be one of the earliest prominent works in the history of Psychiatry. Written as journalistic exposes on the conditions of Psychiatric hospitals where being released to mass outcry, Grob does his own investigation of Worcester State Hospital from the years 1830-1920s. In the book, he places the creation of the modern Asylum in the context of rapid industrialization, and makes the argument that the creation of these institutions was primarily a response to a rapidly changing society and population concentration in urban industrial centers. Grob also places the popular and professional views on "mental illness" in the same context, and seeks to explain how these views shifted as class society developed.[9] Grob would expand on this argument in *Mental Institutions in America: Social Policy to 1875* (1972), which would historicize the creation of the American asylum system as a response to various economic developments and political shifts. Grobb would similarly expand on this argument to place the creation and defining of "disease" itself in this socioeconomic context.[10]

Grob would continue this historization of early to modern Psychiatry with his later works

9 Gerald N. Grob, *The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830-1920*, (University of North Carolina Press, 1966).
10 Gerald N. Grob, *Mental Institutions in America: Social Policy to 1875*, 1st ed. (Free Press, 1972).

Mental Illness and American Society, 1875-1940 (1982) and *The Inner World of American Psychiatry, 1890-1940 (1985).* These works would focus less on the formation of the Asylum and more on the shifts in Psychiatry at the turn of the century. Now writing in a time of great Psychiatric reform, Grob's work focused more on public policy regarding the "mentally ill" and the corresponding changing role of the Hospital.[11] In 1991, Grob would publish *From Asylum to Community: Mental Health Policy in Modern America*, a history on the advent of "community care" in the United States. By 1991, "deinstitutionalization" was realized, and Grob historicizes what had begun to be seen as a disaster in the field of Psychiatry. Grob argues that the shifts in Psychiatry following World War II caused Psychiatry to be introduced to the general population for use outside of the asylum. In the process, the asylum and the "chronic" population the institution served became neglected and then abandoned by the field.[12] In Grob's most seminal work on Psychiatry, Grob's 1995 *The Mad Among Us: A History of the Care of America's Mentally Ill*, Grob traces the history of patients from the colonial era to the moment in which the book was written. Central to the book is a comprehensive history of deinstitutionalization and the abandonment of the asylum, and how although community mental health

11 Gerald N. Grob, *The Inner World of American Psychiatry, 1890-1940: Selected Correspondence*, 1985.
12 Gerald N. Grob, *From Asylum to Community: Mental Health Policy in Modern America*, *Princeton University Press eBooks* (Princeton University Press, 1991).

facilities can be beneficial, they also ineffective with dealing with mental illness as it manifests today.[13]

However, while Grob's works provide a comprehensive history of the conditions of a patient, a history of patient activism is largely absent in his work. When both his 1991 and 1995 work deal considerably with the "attack on psychiatric legitimacy" in the 1960s and 1970s, he addresses internal conflict within the field of Psychiatry, criticism from other academic fields, and that of "civil rights advocates and members of the legal profession".[1415] He addresses the role of Anti-Psychiatry figures like Szaz, and that of the "Radical Therapist" sect of practicing psychiatrists sympathetic to Anti-Psychiatry, but not that of the patient.[16] In an earlier article dedicated to analyzing this period of Psychiatric Instability, titled *The Attack of Psychiatric Legitimacy in the 1960s: Rhetoric and Reality* (1970), Grob would directly cite an article from the "Mental Patients Liberation Front". However, he would discuss the article only in the context of the "Radical Therapist" newsletter the article was re-published in, and make no actual mention of the patient-led movement.[17] This erasure of the patient's role in the history of Psychiatric reform and activism, even while

13Gerald Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (Free Press, 1994), https://doi.org/10.5860/choice.32-0343.
14 Grob, "The Mad Among Us: A History of the Care of America's Mentally Ill," September 1, 1994, 271.
15 Ibid, 274.
16 Grob, "The Mad Among Us: A History of the Care of America's Mentally Ill," September 1, 1994, 271.
17 Gerald N. Grob, "The Attack of Psychiatric Legitimacy in the 1960s: Rhetoric and Reality," *Journal of the History of the Behavioral Sciences* 47, no. 4 (September 1, 2011): 398–416, https://doi.org/10.1002/jhbs.20518.

directly writing on Psychiatric Survivor politics, is only reflective of the larger gap in patient-focused histories of psychiatry.

A more extreme example of this neglect of patient histories and historical perspectives is Edward Shorter's controversial 1997 *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. When Grob places the history of the patient and asylum in a larger socioeconomic context, describing how the shifts in psychiatry benefited some patients and abandoned others, Shorter takes a far more whiggish approach. As described by historian Andrew Scull, Shorter portrays the history of Psychiatry as simply a "straightforward and uncomplicated story of triumphant progress, a tale of 'smashing success'".[18] Shorter would define anti-psychiatry simply as an enemy to psychiatric progress, and by extension scientific progress.[19] Shorter would go as far as to state, "It was the very aura of science … That drew the protestor's rage".[20] This historicization reflects a tendency in which historians of psychiatry tend to replicate psychiatrist's defensiveness when their field faces criticism. As argued by historian Andrew Scull, these works "echo in their scholarship what have long been the reactions of the psychiatric profession itself to critics who have questioned its benevolence or doubted its devotion to the interests of those who serve as the objects of its attention. Psychiatrists can

18 Scull, "Blinded by Biology."
19 Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (John Wiley & Sons, 1998), 316.
20 Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*,

be (and have been) provoked to paroxysms of anger by the suggestion that they act as agents of social control."[21] Shorter would also not mention the ex-patient movement directly. Shorter would directly feature an image from the Psychiatric Survivor paper *Madness Network News*, only to place the image in the history of general "Anti-Psychiatry".[22] The Psychiatric Survivors movement received no direct mention.

The role of the patient has remained largely invisible in histories of psychiatry. When much attention is paid to the condition of the patients and patient advocates, the history of the patients as history makers, instead of passive receptors to history, is understudied. Histories of the Psychiatric Survivor movement actively serve to fill this gap in the historiography of psychiatry. As a result, many histories of Psychiatric Survivors focus primarily on the unique challenge ex-patients posed towards Psychiatric legitimacy, and the implication of the politics of "patient rationality". When these questions are important ones, this essentially keeps the history of Psychiatric Survivors in the realm of Psychiatry. The current literature on these questions also represents a more sociological study than a historical one.

Furthermore, a study of the Psychiatric Survivors movement through a lens of just the history of Psychiatry gives an incomplete picture of the

21 Andrew Scull, "Psychiatry and Social Control in the Nineteenth and Twentieth Centuries," in *The Insanity of Place / The Place of Insanity*, 1st ed. (Routledge, 2006), https://www-taylorfrancis-com.proxy.libraries.rutgers.edu/chapters/mono/10.4324/9780203087985-9/psychiatry-social-control-nineteenth-twentieth-centuries-andrew-scull.

22 Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, 317.

movement. As much as the Psychiatric Survivor came from the unstable position psychiatry found itself in 1970, the movement also emerged in the context of the New Left and the social upheaval of the 1960s and 1970s. In this paper, the Psychiatric Survivors will primarily be studied as a social movement, placed in the larger history of social movements, as well as the history of Psychiatry. This will not only allow a more complete understanding of the movement as a whole but is necessary to understand how the movement fell apart and left the public consciousness in 1985.

Despite the movement's contemporary obscurity and invisibility in mainstream histories of Psychiatry, there is a wealth of writing on the Psychiatric Survivors movement. Books include *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill* by Robert Whitaker (2002), *Talking Back to Psychiatry: The Psychiatric Consumer/Survivor/Ex-Patient Movement* by Linda Morrison (2005), and *A Fragile Revolution: Consumers and Psychiatric Survivors Confront the Power of the Mental Health System* by Barbara Everett (2000). These books provide counter-histories to the general Psychiatric histories discussed, and instead of ceding to psychiatric authority, the works are defined by a patient rationality. However, since the primary focus is the challenging of psychiatric professional authority by patients, the histories remain strictly in the realm of psychiatry, as arguments of psychiatric history. As a result, there is a lack of serious study of the Psychiatric Survivors movement as a social movement.

Robert Whitaker's *Mad In America* is an anti-psychiatry counter-history that seeks to uproot psychiatric authority, in a similar fashion to the exposes written about the asylum in the 50s and 60s. While Whitaker discusses the movement directly and features prominent Psychiatric Survivor testimony, it is more in service of proving an anti-psychiatry argument than making an argument about the actual Psychiatric Survivor movement.[23] Similarly, both *Talking Back to Psychiatry* (2005) and *A Fragile Revolution* (2000), the most prominent books about the Psychiatric Survivors movement, are primarily sociological studies, not historical. These texts concern themselves with the patient/doctor dichotomy, how that gave rise to the Psychiatric Survivor, and what the Psychiatric Survivor's assertion of a patient's rationality means for psychiatry.[24] While these works provide an excellent insight into how the Psychiatric Survivor politics, it is insufficient in analyzing the Psychiatric Survivor movement as a history of a movement. By keeping the Psychiatric Survivor movement in the realm of psychiatry, it treats the Psychiatric Survivor as an intellectual exercise, or an academic debate, in the same vein as anti-psychiatry. However, the Psychiatric Survivors movement was a grassroots new left movement for "patient liberation", and it must be analyzed in this framework to

23 Ted Chabasinski JD, "The History and Future of Our Psychiatric Survivor Movement - Mad in America," Mad in America, August 19, 2012, https://www.madinamerica.com/2012/08/the-history-and-future-of-our-psychiatric-survivor-movement/.
24 Linda J. Morrison, *Talking Back to Psychiatry: The Psychiatric Consumer/Survivor/Ex-Patient Movement*, 1st ed. (Routledge, 2005), https://doi.org/10.4324/9780203958704.

understand how it practically existed, and most importantly, how it came to an end.

Histories of the Psychiatric Survivors movement that analyze the movement through the primary lens of the history of social movements in the 1970s-1980s are most prominent in the autobiographical histories of Psychiatric Survivors themselves. Throughout the movement in 1970-1990, and then again in 2010-2020, Psychiatric Survivors would write histories of the movement. This includes psychiatric survivor Judi Chamberlin's book *On Our Own: Patient-Controlled Alternatives to the Mental Health System* (1978) and *The Ex-Patients' Movement: Where We've Been and Where We're Going* (1990), Ted Chabinski's *The History and Future of Our Psychiatric Survivor Movement* (2012) and Jenny Miller's *The History of Madness Network News and the Early Anti-Psychiatry Movement* (2021). These histories would not only serve to document and preserve the movement but to make arguments about where the movement should "go next". As a result, these pieces of writing would be placed directly into the history and discourse of social movements.

The self-written history of the Psychiatric Survivors will be examined in depth in this paper. However, this history of the Psychiatric Survivor movement aims to follow the historical method of the Psychiatric Survivors and analyze the movement primarily through the framework of the history of social movements.

Deinstitutionalization and the Emergence of Community Psychiatry

In 1955, the population in American psychiatric hospitals reached a historic high with 559,000 patients.[25] In the course of the next 40 years, that population would decrease by about 92 percent. In 1994, the number of patients in psychiatric hospitals was just 71,619. This was the process of Deinstitutionalization, the movement of mental patients from state hospitals to “community facilities”. Described as one of the “largest social experiments” in American history,[26] Deinstitutionalization is arguably the most significant development in the treatment of the mentally ill since the formation of the Asylum. Today, it is remembered with images of abandoned hospitals, and skyrocketing homelessness and incarceration rates. But how did deinstitutionalization happen, and what did Psychiatry put in the asylum's place?

Reform and social activist movements have defined psychiatry ever since the Enlightenment, when individual rights, including for the “insane”, became a part of the dream of a new liberal democracy.[27] The first psychiatric hospitals in the United States were an attempt by colonial-era Quakers and philanthropists to liberate the mentally ill, or “lunatiks”, from poorhouses.[28] The American Quakers did this under the banner of “Moral

25 Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, 324.
26 “Deinstitutionalization - the New Asylums,” November 18, 2015, https://www.pbs.org/wgbh/pages/frontline/shows/asylums/special/excerpt.html.
27 Robert Whitaker, *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill* (Perseus Publishing, 2002), 20.
28 Grob, “The Mad Among Us: A History of the Care of America’s Mentally Ill,” September 1, 1994, 19.

Treatment", another enlightenment ideal created in France by Philippe Pinel, who before the emergence of the American asylum famously "unchained" lunatics and liberated the madhouses in France.[29] Moral treatment describes treatment sensitive to the emotional state of the patients– under the impression that the correct emotional environment could allow the patient to re-enter into society.[30] Historians of psychiatry considered this innovation in psychiatric thought the "first psychiatric revolution".

For about a hundred years after its formation, Psychiatry in America focused on the asylum and its "chronic" populations– patients who would live out the rest of their lives within the hospital. This population skewed older and was generally small in number, detached, and isolated from the general population.[31] This remained the case until after World War II when psychiatry underwent one of the most significant changes since the innovation of the asylum itself. Psychiatry, which previously was a small profession serving an isolated section of the community, became ubiquitous. The invention of psychiatric drugs and the development of psychotherapies made psychiatry a part of Americans' everyday lives. If Philippe Pinel and the creation of the asylum marked the first psychiatric revolution, the changes psychiatry experienced after World War II constitute what

29 Gerald N. Grob, *From Asylum to Community*, *Princeton University Press*, 1991, https://doi.org/10.1515/9781400862306.
30 Grob, "The Mad Among Us: A History of the Care of America's Mentally Ill," September 1, 1994, 27.
31 Gerald N. Grob, *From Asylum to Community: Mental Health Policy in Modern America*, (Princeton University Press, 1991), https://doi.org/10.1515/9781400862306, 6.

historians call “a third psychiatric revolution”, of equal significance to the first.[32] The role of psychiatrists on the battlefield had proved the potential of the practice outside of the hospital setting. The 1945 invention of the first psychiatric drug– Thorazine– along with other psychiatric practices like lobotomy and Electrocompulsive Therapy (ECT) offered psychiatrists much-needed scientific legitimacy. As a result, psychiatry soon came to represent a pillar of post-war America’s scientific progress.

In 1940, the American Psychiatric Association (APA) had only 2,295 members. Between 1940 and 1945, 2,900 additional psychiatrists joined the profession and during the postwar years the popularity of psychiatry increased exponentially.[33] Benefiting greatly from New Deal state programs and funding, the size and scope of psychiatric institutions and operations also increased significantly. In 1949, only a few years after WWII, a total of 900,000 people moved through America’s psychiatric hospitals.[34] At this time, the federal government would also take an interest in psychiatry, forming the National Institute of Mental Health (NIMH) in 1946.[35] Furthermore, the first Diagnostic and Statistical Manual of Mental Disorders (DSM), which set national diagnostic standards, was published in 1952.[36]

32Ibid, 1.
33Grob, *From Asylum to Community: Mental Health Policy in Modern America*, 19.
34 Morton Kramer, “Long-Range Studies of Mental Hospital Patients: An Important Area for Research in Chronic Disease,” *Milbank Quarterly* 83, no. 4 (November 18, 2005), https://doi.org/10.1111/j.1468-0009.2005.00422.x.
35 Grob, *From Asylum to Community: Mental Health Policy in Modern America*, 56.
36 Ibid, 97.

For most of the field's history psychiatry was dominated by the asylum. Now, psychiatry was emerging as a large modern field in which the asylum occupied just one part. The introduction of psychiatric drugs like Thorazine in 1955 also made the state psychiatric hospital begin to seem archaic. Thorazine was introduced to pharmaceutical markets as a “miracle cure” for mental illness.[37] It was presented as a revolutionary advancement in psychiatric pharmaceutical science that made treatment efficient and a “cure” possible, thus eliminating the need for endless institutionalization. As a result, the center of long-term treatment– the hospital– started to become neglected in the psychiatric profession. A 1947 book by psychiatrist Karl A. Menninger reported that no state mental hospital met the American Psychiatric Association’s standard for treatment.[38]

Psychiatric activists, formally organized under the Group for the Advancement of Psychiatry (GAP), had advocated for a psychodynamic model of psychiatry since the late 1940s when psychiatry began to shift its focus towards broader social activism. If psychiatrists could change society, they could eliminate the environments that breed mental illness. A central objective of psychiatric activists was to expand the psychiatric field beyond the mental hospital. As a result, the developments in Psychiatry following WWII strengthened the position of psychiatric activists and caused their position to gain popularity. An innovation of psychiatric activists was the

37 Whitaker, *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill*,152.
38 Grob, *From Asylum to Community: Mental Health Policy in Modern America*, 74.

idea of “milieu therapy”, in which the mentally ill person would be removed from the environment that made them “sick” and placed in a new environment conducive to the improvement of their mental health. Effectively, milieu therapy was a modern-day “Moral Treatment.”[39]And just as the emergence of moral treatment had positioned the poorhouses and prisons as backward compared to the moral asylum, the advent of milieu therapy made the psychiatric hospital seem archaic as community psychiatry emerged as the future of the field.[40] According to Columbia psychiatrist Louis Linn, the advent of community psychiatry constituted a “fourth psychiatric revolution.”[41]

In 1961, the Joint Commission on Mental Illness and Health released a nationwide review of psychiatric hospitals, the *Action for Mental Health* report, to Congress and the general American public. The report made a strong case in favor of community psychiatry and against the traditional psychiatric hospital. The report was widely read and very popular among psychiatrists, legislature, and the general public.[42] Two years later, congress and President John F. Kennedy passed the Community Mental Health Centers (CMHC) Act of 1963, which subsidized community mental health care projects, with the goal that community care would eventually replace the outdated traditional psychiatric hospital. Although milieu therapy and community psychiatry were founded with benevolent

39 Ibid, 243.
40 Ibid, 144.
41 Ibid, 241.
42 Grob, *From Asylum to Community: Mental Health Policy in Modern America*, 203.

intentions, the critique of CMHC would only intensify over time. Only 2 years after the passage of the CMHC act, psychiatrist Dr. David Vail warned that "CMHCs could not alleviate 'social ills'."[43]

This became evident when deinstitutionalization began. Despite the ambitions of Kennedy's 1963 act, the CMHCs were never properly implemented. Although the plan was federally put into action, states did not want to spend the money to build vast infrastructures of CMHCs in every city. The federal government lacked the structure and oversight to force them to do so. It became clear that the new revolution in psychiatry was not a result of scientific progress through new psychiatric drugs or a new "moral treatment" through community psychiatry. In reality, deinstitutionalization is a story about the neoliberalizing economy of the 1960s and 70s. The mental hospitals of 1955 were a massive expense to the state and federal government– particularly that of the "chronic patient" who dominated the hospitals. Long-term psychiatric care is not cheap, and 1950s psychiatric care was defined by cost concerns. Before even the introduction of psychiatric drugs, psychiatrists were already looking for cost-cutting alternatives. This ranged from the creation of "more efficient" psychiatric equipment to even discussions of implementing for-profit farms at psychiatric hospitals.[44] When Thorazine was introduced in 1955, it provided the first big "budget buster" for psychiatric hospitals. Following

43 Ibid, 247.
44 Jeffrey L. Geller, "The Last Half-Century of Psychiatric Services as Reflected in Psychiatric Services," *Psychiatric Services* 51, no. 1 (January 1, 2000): 41–67, https://doi.org/10.1176/ps.51.1.41.

the introduction of Thorazine, the psychiatric hospital population had its first decline of 40,000 patients from 1955-1962. However, the real turning point came with the establishment of Medicare and Medicaid in 1965. Not wanting to levy the costs of these huge institutions, these programs provided federal subsidies for smaller institutions like nursing homes, but not for state mental hospitals. Most importantly, medicare established a 190-day lifetime limit of hospital stays that can be covered, effectively ending the hospital stay of the staple "chronic patient".[45] Following the establishment of Medicare and Medicaid, the patient population declined by 140,000 in 1965-1970, over three times the decline rate in 1955-1962 following the introduction of Thorazine.[46] As budgets in these hospitals got tighter, hospitals continued to look for ways to effectively shrink their patient numbers and offload patients into other facilities. The largest decline in patient population would happen in 1972, with the passage of Welfare amendments that provided Supplemental Security Income (SSI) payments to disabled children, adults, and the elderly. This made it possible for state hospitals to discharge patients to "boarding homes and welfare hotels", which they could afford with meager SSI checks. In just a year following these amendments, the patient population dropped by 15.4 percent, the largest decline in deinstitutionalization's history.[47]

45 Richard G. Frank, "The Creation of Medicare and Medicaid: The Emergence of Insurance and Markets for Mental Health Services," *Psychiatric Services* 51, no. 4 (April 1, 2000): 465–68, https://doi.org/10.1176/appi.ps.51.4.465.
46 Whitaker, *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill*, 227.
47 Ibid.

But the psychiatric hospital did not disappear. On the contrary, a record number of patients were admitted to the hospital during these years. The purpose of the hospital and the population it served would just drastically change. The length of stay in hospitals decreased sharply, as the Psychiatric field abandoned that of the "Chronic" patient.[48] However, as chronic patients were removed from the hospital, general populations were moved in. In 1955, the hospital would see 178,003 new admissions a year. In 1971, despite the total hospital population being far lower, the total number of admissions would number 402,472– over double 1955's admissions rate.[49] As the psychiatric profession abandoned the "chronic patient", they refocused on the prevention of chronic mental illness in the general population. As a result, hospitals became places of short stays and treatment for the broader public, and people came in and out of the hospital frequently. Often, especially for the former "chronic" patients, the patient would return to the hospital multiple times.

At a time when popular psychiatric thought believed that psychiatry could be used as a tool to eliminate inequality, a growing sect of the American population would begin to formulate a completely different relationship between psychiatry and injustice. The last few decades of psychiatry had been a turbulent one, that left the field unsure of its future. At the same time, the field had become ever-present in everyday American lives. Furthermore, a period of social upheaval and activism would cause

48 Grob, *From Asylum to Community: Mental Health Policy in Modern America*, 264.
49 Ibid, 260.

prominent American institutions to come under suspicion and attack. Starting in the mid-1960s and intensifying in the 1970s, the public perception of psychiatry would shift dramatically, as Americans would begin to see psychiatry inherently embedded in and in defense of social injustice– a form of "social control".[50]

How the Patient Became Political

In the immediate post-World War II period, Psychiatry enjoyed a period of great praise and undisputed authority. Newly modernized, psychiatry represented American scientific prowess. Popular films such as the 1948 film *The Snake Pit* displayed a deeply held faith in the usefulness and necessity of psychiatry. The 1962 biopic *Freud* by John Huston portrayed "the creator of psychoanalysis … in almost Christlike terms."[51]

By the mid-1960s, however, media representations of psychiatry became more critical. Elliot Baker's book *A Fine Madness* (1964), produced as a motion picture, positioned itself as completely opposed to psychiatry. Psychiatry and the psychiatric hospital were increasingly depicted as places of great oppression, a trend that only intensified in the 1970s. The 1975 movie *One Flew Over the Cuckoo's Nest* portrayed the psychiatric hospital as a tyrannical, misled,

50Scull, "Psychiatry and Social Control in the Nineteenth and Twentieth Centuries." 2006.

51 Gerald N. Grob, "The Attack of Psychiatric Legitimacy in the 1960s: Rhetoric and Reality," *Journal of the History of the Behavioral Sciences* 47, no. 4 (September 1, 2011): 398–416, https://doi.org/10.1002/jhbs.20518.

and murderous institution, taking home the Oscar for Best Picture later that year.[52]

What inspired this dramatic shift? Despite the prestige the psychiatric field gained following World War II, the internal discourse, rise in community psychiatry, and deinstitutionalization made the late 1960s and 1970s a turbulent time for the field. The psychiatric profession itself presented the psychiatric hospital as archaic and out of date at a time when many Americans still became patients in psychiatric institutions – albeit for far shorter stays. The focus on community psychiatry and the development of psychiatric drugs as the "new frontier" of psychiatry led to the neglect of psychiatric hospitals and conditions in hospitals worsened.[53] And as psychiatry advanced theories in milieu therapy as a part of a new revolution in "moral treatment", these advancements were not applied to the setting of the hospital. This unresolved contradiction caused psychiatry to become the target of intense public criticism by other academics– most notably sociology. Sociologist Erving Goffman's 1961 book *Asylums: Essays on the Condition of the Social Situation of Mental Patients and Other Inmates* offered a scathing critique of how the structure of the hospital, a "total institution" where a large group of patients was under the authority of a small group of professionals, was unable to patients' mental health.[54] Later

52 Grob, "The Attack of Psychiatric Legitimacy in the 1960s: Rhetoric and Reality," September 1, 2011, 409.
53 Grob, *From Asylum to Community: Mental Health Policy in Modern America*, 175.
54 Erving Goffman, "On the Characteristics of Total Institutions," in *Asylums* (Anchor Books, 1961).

studies like psychologist David L. Rosenhan's famous 1974 study *Sane in Insane Places* questioned the field's scientific legitimacy. In *Sane, in Insane Places* Roshenhan's team feigned hearing noises and was admitted to a psychiatric hospital despite being mentally healthy. Despite Rosenhan and Goffman's strong criticisms of psychiatry, both ultimately advocated for psychiatric reform. Both believed in the potential of an effective psychiatry and an ideal state mental hospital. Neither Rosenhan nor Goffman sought to disrupt the psychiatric system and worldview.[55] However, a far more radical challenge to psychiatry that abandoned the narrative of reform that had dominated psychiatry up to this point emerged at this time.

"Anti-Psychiatry" emerged alongside the acceleration of psychiatry's popularity in the post-war era, and gained public notoriety with Thomas Szaz's publication of the 1961 *The Myth of Mental Illnes*s. Anti-psychiatry advocates argued that psychiatry was a tool of social control and that psychiatric diagnoses did not mark mental illness as much as they indicated nonconformity, especially a challenge to the state. Involved in the psychiatric profession himself, Thomas Szaz became the most controversial psychiatric figure in the 20th century. Szaz argued that psychiatry in the 20th century amounted to pseudoscience. He attacked the model of mental illness as the root of this unscientific nature.

> Psychiatry is conventionally defined as a medical specialty concerned with the diagnosis and treatment of mental diseases. I submit that this definition, which is still widely accepted, places psychiatry in the

55 Grob, "The Attack of Psychiatric Legitimacy in the 1960s: Rhetoric and Reality," September 1, 2011.

> company of alchemy and astrology and commits it to the category of pseudoscience. The reason for this is that there is no such thing as "mental illness." Psychiatrists must now choose between continuing to define their discipline in terms of nonexistent entities or substantives or redefining it in terms of the actual interventions or processes in which they engage.[56]

This central argument would define the "anti-psychiatry" position. To Szaz, a lifelong libertarian, the psychiatric profession in the 20th century represented a great infringement on individual rights and liberties that had long gone unaddressed.

Even though Szaz was arguing against psychiatry from the perspective of a libertarian, his theorizing on the field and particularly "mental illness" as a tool for social control became extremely popular on America's left. The 1960s and 1970s represented a time of social upheaval, where status norms and established institutions were being challenged and destroyed in the defense of the rights of the oppressed. Psychiatry, a crowning jewel of "American scientific progress" in the 40s and 50s, became a perfect target. The civil rights movement for racial justice and desegregation had Americans fighting for social rights on a large scale and imbued many Americans with a social activist character. The late 60s and early 70s saw the emergence of countless new social movements as a result. As these new movements emerged, they consistently positioned themselves against psychiatry. Popular amongst the social movements was the

56 Szasz, Thomas S. *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. Harper & Row, 1961. https://clas-pages.uncc.edu/richard-mcanulty/files/2013/09/The-myth-of-mental-illness.pdf, 1.

conception that the “mentally sick” individual was only a reflection of a “sick” society. As a result, to be “well adjusted” to society means that one accepts, and presumably benefits from, the status quo. In 1965, Civil Rights leader Martin Luther King delivered a speech at the University of Western Michigan, where he declared, “I am proud to be maladjusted … I say very honestly that I never intend to become adjusted to segregation and discrimination”.[57]

Beyond general anti-psychiatry rhetoric and criticism, many movements of the decade materially placed themselves against psychiatry and institutions like the American Psychiatric Association (APA). One of the most notable occurrences of this would be the Gay Liberation Front’s campaign to remove homosexuality from the DSM in the early 1970s. In 1969, the Stonewall Rebellion would place the struggle of gay and transgender Americans in the context of the revolutionary fervor of the '60s and '70s, breaking away from conformist gay politics of the previous decade and beginning the movement for total “gay liberation”. The first campaign of this movement for gay liberation was to challenge the idea of homosexuality as a “social sickness”, and as a result, placed the gay liberationists in direct conflict with the APA. In 1974, the gay liberationists would win, and Homosexuality would be formally removed from the DSM. This concession would prove that psychiatric diagnoses are not immutable, as Psychiatrists would like to have the general public believe. Instead, they

57Coleman, “The Politics of Rationality Psychiatric Survivors’ Challenge to Psychiatry,” 344.

are based on the psychiatrist's bias against oppressed groups. Even more significantly, the victory of the Gay Liberation Front in 1974 would prove that the diagnoses of these psychiatrists and, to an extent, the professional conceptualization of “mental illness” can be formally changed when properly challenged by a strong social movement.[58]

This would lead to the emergence of “Radical Psychiatrists” within the psychiatric profession. Inspired both by Thomas Szasz’s original challenge to psychiatry and the liberation movements of the 1960s and 1970s, Radical Psychiatrists placed anti-psychiatry politics within the context of the radical new left. In the movement's manifesto, the radical psychiatrist agreed that traditional therapy was “a means of social control” towards minority groups, particularly women. As a result, the radical psychiatrists argued it was psychiatry’s responsibility to develop an awareness of the oppressed and how psychiatry contributed to the plight of the oppressed and fight to change that. Some of the most radical Radical Psychiatrists believed this required the abolishment of traditional institutional psychiatry entirely.[59]

Although psychiatry faced an attack from a widely varied and diverse coalition, it was largely only to the extent that psychiatry interacted with and impeded the activities of activist and liberation organizations separate from the hospital and the patient, and the role psychiatry played in

58 Abram J. Lewis, “‘We Are Certain of Our Own Insanity’: Antipsychiatry and the Gay Liberation Movement, 1968–1980,” *Journal of the History of Sexuality* 25, no. 1 (2016): 83–113, https://www.jstor.org/stable/24616618.
59 Grob, “The Attack of Psychiatric Legitimacy in the 1960s: Rhetoric and Reality,” September 1, 2011.

marginalizing the groups the organizations already represented. Within the formal “anti-psychiatry” position pushed by Thomas Szasz, the groups addressed the problem of psychiatry, psychiatric models, and the conflict between the psychiatrist and the patient directly. However, the politics of “anti-psychiatry” remained within the field of academia. It was not a grassroots street movement, and it largely constituted internal psychiatric debates among professionals. This remained true even for the “radical psychiatrist” sect, who were seeking to establish change from the “ground-up”, but only within the professional psychiatric field– not outside of it. The input of the patient, the person who directly experienced psychiatry, remained practically irrelevant, reproducing the marginalization patients already experienced within the dominant psychiatric profession.

However, the multifaceted attack on psychiatry had left the field in a weak position. Psychiatry’s authority is used to deem the patient's testimony completely null. The patient was the “sick person”, and the psychiatrist their “doctor”, and any protest to the psychiatrist’s expertise could be just reduced to the patient’s sickness. This worldview was entrenched in society, as the *Parens Patriae* doctrine had legally declared the patient “unable of determining [their] own best interest”.[60] Patients were “sick, unpredictable, dangerous, unable to care for [them]self, and unable to judge [their] own best interest”.[61] However, as the psychiatric field became unstabilized, unable to agree internally and under general

60 Judi Chamberlin, *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, 1979, 11.
61 Ibid.

attack publicly, the psychiatrist's authority was questioned. The victory of the Gay Liberation Front in removing Homosexuality from the DSM proved that the psychiatrist's judgment was far from infallible. As a result, in the fall of Psychiatry's authority, the patient's authority was able to properly emerge. Suddenly, the testimony of the patient was no longer that of a sick person, but that of an oppressed class. A victim of the field of psychiatry– a field that had already made an enemy of the larger left. From this, patients were able to develop their politics, distinct from anti-psychiatry in how it prioritized the knowledge of the psychiatrized instead of the psychiatrist.[62] It was in this context that the first patient-led mass movement, the Psychiatric Survivors Movement, was able to materialize.

On Our Own: What is a Psychiatric Survivor?

In 1970, the Insane Liberation Front was founded in Portland, Oregon. This was followed by the creation of similar groups across American cities– Mental Patients' Liberation Project in New York City and Mental Patients Liberation Front in 1971, and Network Against Psychiatric Assault in San Francisco in 1972.[63] By the early 1980s, about 70 groups of various sizes had emerged nationwide.[64] A very important development in the Psychiatric Survivors movement came with the publishing of the first issue of Madness Network News (MNN) in 1972.

62 Coleman, E. Gabriella, 'The Politics of Rationality: Psychiatric Survivors' Challenge to Psychiatry.
63Adame et al., "A Brief History of the Psychiatric Survivor Movement," 37.
64 Jenny Miller, "The History of Madness Network News and the Early Anti-Psychiatry Movement - Mad in America," Mad in America, January 26, 2021, https://www.madinamerica.com/2021/01/madness-network-news/.

The paper, accompanied by the New York Times parody tagline provided a much-needed forum to connect the dispersed Psychiatric Survivor groups and activists.[65] It also created a space for internal movement debates and conversations that allowed psychiatric survivors to develop their politics. A year later, the first Conference on Human Rights and Psychiatric Oppression would be held at the University of Detroit.[66] This moved the space provided by Madness Network News into the physical.

There had been small patient-led groups that emerged before the Psychiatric Survivors Movement, all very small and largely short-lived, with no clear relation to the start of the Psychiatric Survivors movement. The most relevant was We Are Not Alone (WANA) emerged as a patient-run support group out of Rockland State Hospital in the early 1940s. Although anti-psychiatry had not formally emerged yet, the authority was exhibited by patients in the group. As described by a former member, Jordan Hess, “the ex-patients continued to run the club. We raised our own money… and we voted in new members”. However, without developed anti-psychiatry politics, the psychiatric hospital would take over the support group by the 1950s. It became “Fountain House”, a nonprofit patient support group, run by psychiatrists. As Hess further explained, “WANA was unique because the patients ran it— that was abolished when it became the Fountain House”.[67]

65 Ibid.
66 Chamberlin, Judi. “The Ex-Patients’ Movement: Where We’ve Been and Where We’re Going.” The Journal of Mind and Behavior 11, no. 3/4 (1990): Page 327.
67Chamberlin, *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, 88.

The Psychiatric Survivors movement was originally a broad coalition made up of smaller local organizations, united primarily through MNN and the Conference on Human Rights and Psychiatric Oppression. The coalition was diverse in terms of politics, experience, and position within Psychiatry. The broader term for the movement was the C/S/X Movement– which stood for Consumer/[Psychiatric] Survivor/Ex-Patient, self-identifications for patients in the movement. Generally, “Consumer” represented the most liberal sect of the movement, “ex-patient” a moderate position, and Psychiatric Survivor the most radical. In terms of membership, the Psychiatric Survivors movement was largely made possible through deinstitutionalization and the changing psychiatric hospital– but people had experienced the psychiatric hospital at two different points. Some psychiatric survivors, such as movement leader and co-founder Leonard Frank, were previous “chronic” hospital residents, who had stayed in the hospital for the majority of their life and were recently let out under the policies of deinstitutionalization. However, the majority of participants in the movement were those who were treated in the new Psychiatric state hospital that emerged during the early years of deinstitutionalization and had experienced the hospital in multiple intermediate and short-term stays over a wide period. Many felt intense alienation once leaving the hospital, aided by prejudice towards ex-patients and those considered “mentally ill”. Both groups sought community with other ex-patients upon their release, which the growing Psychiatric Survivors movement provided.

Although often grouped with the anti-psychiatry movement, psychiatric survivors represented their own, unique school of thought. While allied with anti-psychiatrists, psychiatric survivors were extremely critical of what they considered a purely academic conversation out of touch with their real-world experiences. Many psychiatric survivors saw anti-psychiatric thought as an extension of the problem of psychiatry, an academic debate between psychiatrists that did not seek to extend power into the hands of psychiatric patients ."'Mental Patients Liberation' and 'anti-psychiatry' are not the same thing," noted movement leader Judi Chamberlin on the history of the Psychiatric Survivors movement in 1990. "'Anti-psychiatry' is largely an intellectual exercise of academics and dissident mental health professionals. There has been little attempt within anti-psychiatry to reach out to struggling ex-patients to include their perspective".[68] Patients already saw themselves as being left out of the conversation as deinstitutionalization led to radical change in their lives. More than any specific course of action, ex-patient organizations began to be dominated by the sentiment of "nothing about us without us" – a demand popularized by the emerging disability movement.[69]

However, it took a few years for the "Psychiatric Survivor" politic to develop and become dominant within the C/X/S movement.Both the initial issues of Madness Network News and the first Conferences on Human

68Judi Chamberlin, "The Ex-Patients' Movement: Where We've Been and Where We're Going," *The Journal of Mind and Behaviour* 11, no. 3 (Summer 1990).
69 James I. Charlton, "Nothing About Us Without Us: Disability, Oppression and Empowerment," *Choice Reviews Online* 36, no. 01 (September 1, 1998): 36–0640, https://doi.org/10.5860/choice.36-0640.

Rights and Psychiatric Oppression were organized by a collective of ex-patients and ex-patient organizations alongside anti-psychiatry and psychiatry-critical professional psychiatry groups. This left the movement without an agreed-upon political line. The reactions to the first annual conferences in early issues of *Madness Network News* reflect this reality, as attendees write on anger and confusion at failures to come to a final agreement amongst organizations and sects. The early to mid-1970s reflect both ex-patients and psychiatric professionals in a period of trying to define themselves, and soon the identity of the "Psychiatric Survivor" would become most prominent. This is seen in the ensuing debate around "professional involvement" in later annual conferences. As the psychiatric survivors began to develop a liberation politic around the patient identity, there grew increasing tension with the professional groups. The conference originally tried to mitigate this by instituting a special status for ex-patients that made it so no "decisions can be made unless former patients approve them", and featured ex-patient exclusive panels. However, the problem continued; professionals were known to disrupt patient-only spaces and dispute patient priority, and many of the professional panels involved in what the movement began to increasingly identify as "false alternatives".[70] Writing on the third annual conference in Madness Network News, Judi Chamberlin wrote, "What did the Conference accomplish? At this point, it's impossible to say. It certainly served as an indication that people who

70Lenny Lapon and Arrow, "Therapy as Oppression," *Madness Network News 6.1,* Fall 1980.

consider themselves anti-psychiatry are a broad and diverse group and that the many differences among former psychiatric prisoners, mental health professionals, and workers in 'alternative' institutions must be dealt with and resolved. … If necessary, former mental patients can fight alone".[71]

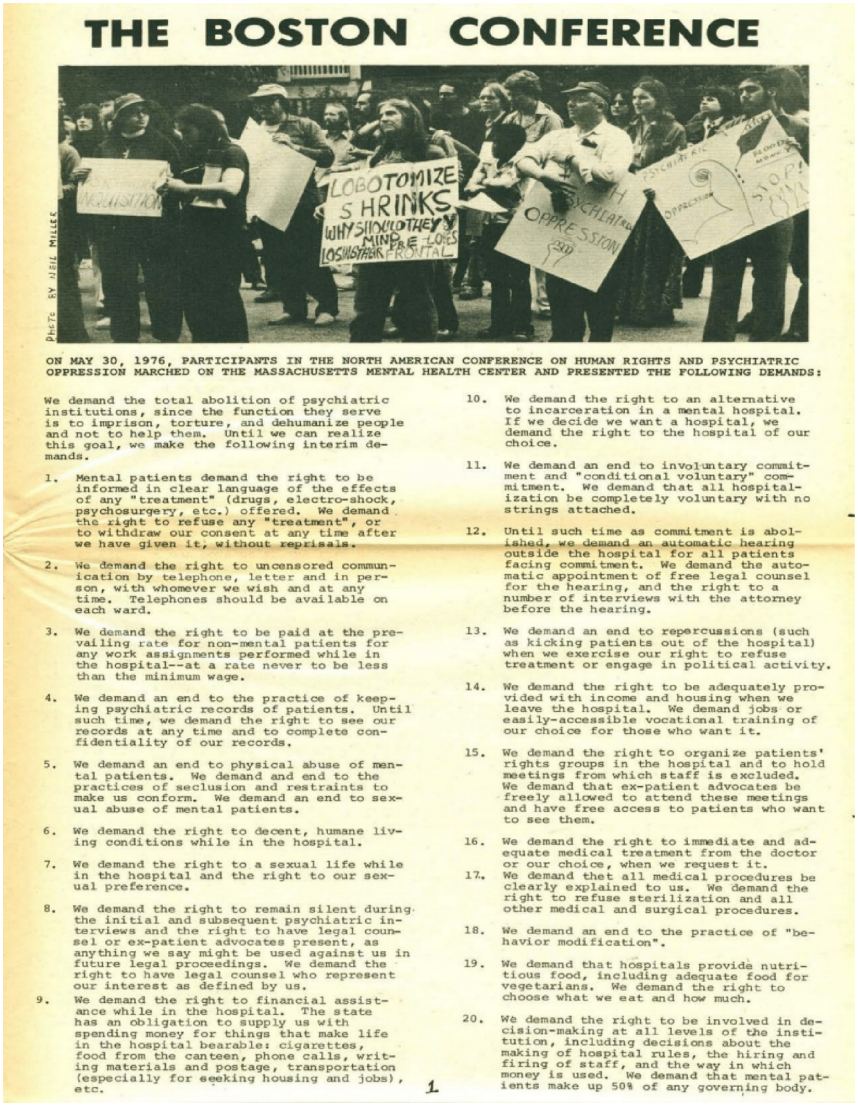
The Politics of the Psychiatric Survivor

The 1976 Conference of Human Rights and Psychiatric Oppression in Boston became the first to limit attendance to just ex-patients– for the first half of the conference. By the end of the Boston conference, a resolution was passed by ex-patient attendees to limit the conference entirely to ex-patients, limiting non-patient attendees to just those who get written approval from an ex-patient. The conference marked the start of a true grass-roots psychiatric survivors movement, independent from radical psychiatry and anti-psychiatry politics based on academic psychiatric debate. The same year of the Boston conference, the editorial staff of *Madness Network News* became entirely ex-patient.[72]

It is in this context that the Psychiatric Survivor movement formed its own unique and independent patient-based politics. In 1976, the organization Network Against Psychiatric Assault (NAPA) put forward demands at the Boston conference that would constitute the first formalized demands of the movement. The demands were drawn from months of NAPA

71 Judi Chamberlin, "Third Annual Conference on Human Rights and Psychiatric Oppression: Organizing? OR Disorganizing?," *Madness Network News 3.3*, October 1975.
72 Annual Conference on Human Rights and Psychiatric Oppression. "Boston Conference Patient Demands." *Madness Network News 4.1*, October 1976, 2.

hearing ex-patient testimony and investigating hospitals. When previous conferences rarely reached consensus, 1976's declaration of principles was accepted by the ex-patients at the 1976 Boston conference and formally adopted. It would continue to be cited throughout the existence of the Psychiatric Survivors movement, and amended in later conferences as the movement's politics developed. The demands were shared in the October 1976 issue of Madness Network News covering the conference.



THE BOSTON CONFERENCE

PHOTO BY NEIL MILLER

ON MAY 30, 1976, PARTICIPANTS IN THE NORTH AMERICAN CONFERENCE ON HUMAN RIGHTS AND PSYCHIATRIC OPPRESSION MARCHED ON THE MASSACHUSETTS MENTAL HEALTH CENTER AND PRESENTED THE FOLLOWING DEMANDS:

We demand the total abolition of psychiatric institutions, since the function they serve is to imprison, torture, and dehumanize people and not to help them. Until we can realize this goal, we make the following interim demands.

1. Mental patients demand the right to be informed in clear language of the effects of any "treatment" (drugs, electro-shock, psychosurgery, etc.) offered. We demand the right to refuse any "treatment", or to withdraw our consent at any time after we have given it, without reprisals.
2. We demand the right to uncensored communication by telephone, letter and in person, with whomever we wish and at any time. Telephones should be available on each ward.
3. We demand the right to be paid at the prevailing rate for non-mental patients for any work assignments performed while in the hospital--at a rate never to be less than the minimum wage.
4. We demand an end to the practice of keeping psychiatric records of patients. Until such time, we demand the right to see our records at any time and to complete confidentiality of our records.
5. We demand an end to physical abuse of mental patients. We demand and end to the practices of seclusion and restraints to make us conform. We demand an end to sexual abuse of mental patients.
6. We demand the right to decent, humane living conditions while in the hospital.
7. We demand the right to a sexual life while in the hospital and the right to our sexual preference.
8. We demand the right to remain silent during the initial and subsequent psychiatric interviews and the right to have legal counsel or ex-patient advocates present, as anything we say might be used against us in future legal proceedings. We demand the right to have legal counsel who represent our interest as defined by us.
9. We demand the right to financial assistance while in the hospital. The state has an obligation to supply us with spending money for things that make life in the hospital bearable: cigarettes, food from the canteen, phone calls, writing materials and postage, transportation (especially for seeking housing and jobs), etc.
10. We demand the right to an alternative to incarceration in a mental hospital. If we decide we want a hospital, we demand the right to the hospital of our choice.
11. We demand an end to involuntary commitment and "conditional voluntary" commitment. We demand that all hospitalization be completely voluntary with no strings attached.
12. Until such time as commitment is abolished, we demand an automatic hearing outside the hospital for all patients facing commitment. We demand the automatic appointment of free legal counsel for the hearing, and the right to a number of interviews with the attorney before the hearing.
13. We demand an end to repercussions (such as kicking patients out of the hospital) when we exercise our right to refuse treatment or engage in political activity.
14. We demand the right to be adequately provided with income and housing when we leave the hospital. We demand jobs or easily-accessible vocational training of our choice for those who want it.
15. We demand the right to organize patients' rights groups in the hospital and to hold meetings from which staff is excluded. We demand that ex-patient advocates be freely allowed to attend these meetings and have free access to patients who want to see them.
16. We demand the right to immediate and adequate medical treatment from the doctor or our choice, when we request it.
17. We demand thet all medical procedures be clearly explained to us. We demand the right to refuse sterilization and all other medical and surgical procedures.
18. We demand an end to the practice of "behavior modification".
19. We demand that hospitals provide nutritious food, including adequate food for vegetarians. We demand the right to choose what we eat and how much.
20. We demand the right to be involved in decision-making at all levels of the institution, including decisions about the making of hospital rules, the hiring and firing of staff, and the way in which money is used. We demand that mental patients make up 50% of any governing body.

1

Participants of the 1976 Boston Conference, “Patient Demands,” *Madness Network News*, October 1976, https://madnessnetworknews.com/archives/archives-vol-4/.

Before the list of demands even begins, one of the most defining and important demands of the movement is listed– “We demand the total abolition of psychiatric institutions since they serve to imprison, torture, and dehumanize people and not to help them”. This would cement the Psychiatric Survivors movement as a one for total psychiatric abolition. It would be this radical demand that would set the Psychiatric Survivors apart from their contemporaries. They were not arguing for just an end to the hospital and a turn towards “community-based” psychiatry, or simply an abandonment of current psychiatric models of “mental illness” like Anti-Psychiatry. The Psychiatric Survivors had no interest in just a “better” psychiatry, they understood the entire field to be inherently oppressive to the patient.

In the context of the demand for psychiatric abolition, the actual demands are listed simply as “interim demands” until that ultimate goal is reached. The demands made can be organized into four types. Demand for patient autonomy within the hospital, demand for a higher patient quality of life, demands around the end of forced commitment, and a demand for patient-controlled “alternatives” to the mental health system. The demand for patient autonomy is largely an issue of patient privacy and movement within the hospital. Demands 2, 4, 7, and 15 ask for the end of doctor’s

surveillance of the patient, an end of record keeping on the patient, and a demand to allow patient sexual activity that effectively constitutes a demand for more freedom of movement, and a demand for the right to organize. These demands concern themselves with the idea of the hospital as a "total institution", as described by Goffman in *Asylums* (1961).[73] Demands for patient quality of life would be stated plainly in Demand 6, "We demand the right to decent humane living conditions in the hospital". However, other demands would go into detail, with quality of life demands ranging from the serving of nutritious food, and the end of patient abuse, to the payment of patients for labor when in the hospital. The end of involuntary commitment would also be stated directly in demand 11. Demands 8 and 12 also act as "intermediate demands" until the end of commitment is reached, asking that patients have their commitment brought to trial. A central part of psychiatric survivor politics is understanding the hospitals as "prisons" and patients as "inmates". Despite being inspired by a prison abolitionist politician, the refrain of "we are being given less rights than even convicted criminals" was common throughout the movement.

The demand for patient-controlled "alternatives" is best seen in demand 10 and 20, "We demand the right to an alternative to incarceration in the mental hospital … We demand we be involved in decision making at all levels of the institution". The creation of "Alternatives" to the mental

73 Goffman, "On the Characteristics of Total Institutions."

health system would become a defining goal of the Psychiatric Survivors movement, and constructing and running these alternatives would become one of the dominant activities, alongside protest campaigns. Two years after the publishing of the demands at the Boston conference, Psychiatric Survivor Judi Chamberlin would release *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, which provides the first comprehensive analysis of hospital and mental health "alternatives". This work would become the ideological baseline for alternatives in the Psychiatric Survivor movement.

Judi Chamberlin entered the movement in 1971 joining the Mental Patients Liberation Movement after first entering the hospital in 1966. Chamberlin was deeply involved in second-wave feminist politics and organizing and joined the psychiatric survivors movement through that exposure.[74] After being readmitted to the hospital multiple times, Chamberlain would stay at "Vancouver Emotional Emergency Center", a community psychiatry "alternative". After that stay, Chamberlain would find the psychiatric survivors movement, and stay at a few patient-run alternatives.[75] Coming out of that experience, and in the context of second-wave feminism and the early 70s psychiatric survivor movement, Chamberlain began to formulate an understanding of a patient-controlled future of mental health care.

74Chamberlin, *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, 56.
75 Chamberlin, *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, 87.

Chamberlin did not look to the community psychiatry which dominated many psychiatric discussions of the time, such as Soteria House and Vancouver Emotional Emergency Center, as the most progressive form of psychiatry. In fact, despite finding these facilities better than state hospitals, Chamberlin considered them “alternatives in name only”.[76] There are three ways Judi Chamberlin classifies the “Alternatives” to psychiatric care. There is the “partnership model”, which is seen in Soteria House and Vancouver Emotional Emergency Center and is not considered by Chamberlin to be a true alternative. This is the model used by progressive Community Mental Health Centers (CMHC) and is where both professionals and patients are “partners” in the mental health care service. However, “the distinction between those who give help and those who receive it remains clearly defined”.[77] As a result, Chamberlain considers this a “false alternative”.

Chamberlin goes on to discuss the “supportive model" and the “separatist model”. The supportive model is defined by the idea that everyone at the facility is there to help each other in times of crisis, and there is no delineation between staff and patients whatsoever. An important difference between the partnership model and the supportive model is the lack of “mental health professionals” in the former, with the exception of “external roles”. However, the model

76 Ibid.
77 Ibid.

that Chamberlin dedicates the majority of her time to is the "separatist model". Referenced directly from the separatist feminism that came into mass consciousness at the time, these facilities include only ex-patients. While serving as crisis centers, central to these center's methodology would be "consciousness raising" over people's identities as ex-patients, to get them to understand themselves not only as former mental patients but as a dispossessed class viable for political action, as "psychiatric survivors".[78]

"Consciousness-raising" plays a central role in psychiatric survivor politics. Judi Chamberlin's formation of the separatist model and consciousness-raising was directly derived from her experience in the second-wave feminist movement. In 1971, the same year Chamberlin joined the Mental Patients Liberation Project, Chamberlin left her husband after attending feminist consciousness-raising meetings and adopting a more separatist politic.[79] Chamberlain found consciousness-raising to play an especially important role amongst patients, as inside the hospital, patients are told to see their feelings and perceptions of events as "sick", and rely on the psychiatrist to tell them their reality. This makes psychiatric patients extremely prone to abuse and imbues a sense of self-doubt that makes existing outside of the hospital extremely difficult. Writing about her time in between long-term psychiatric stays,

78 Chamberlin, *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, 87.
79 Ibid, 56.

Chamberlain writes “When I wasn’t inside [the hospital], I was scared. Everything was frightening. … I thought I would spend the rest of my life in hospitals”.[30] By being conditioned to base their reality on the opinion of their psychiatrist, an ex-patient's severe lack of confidence following institutionalization makes existing in the real world seem like an impossible task. This is cited by psychiatric survivors, anti-psychiatrists, and even other psychiatrists to be a primary reason for the high level of relapse and return to hospitals amongst patients.[80] In this way, consciousness-raising is considered not only politically viable but also a legitimate “treatment” for emotional crises. Psychiatrists mystify the pain of patients as simply “delusionary” and “sick”, leaving the patient helpless. If ex-patients could understand their emotional pain in a material, political context, it would lead to far more actionable conclusions. It is also confidence-building, as it directly attacks the notion that psychiatric survivors are not in control of their reality. Writing on this point in On Our Own, Chamberlin states “Making these political connections is essential in developing a true alternative since it helps to locate the cause of people’s distress in the very real pressures of their lives rather than believing that it arises out of some mysterious process”.[81]

For an example of a “separatist alternative”, Chamberlain writes extensively about Project Release. Project Release was a psychiatric survivor community center based in New York City that

80 Chamberlin, *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, 69.
81 Ibid, 146.

opened in the early 1970s. Project Release originates around the issue of Single Room Occupancy (SRO), a term for the welfare hotels that many long-term psychiatric patients were sent to in the massive deinstitutionalization waves of the 1970s.[82] Although presented as a simple community/crisis center, central to Project Release's separatist model is how it functioned as a political organization with a strong mass character. All members of the center, including those who would be seen as on the “receiving end” of their services, were expected to be on one or more of the committees that ran the center and its political work. Describing this practice, Project Release writes “In the informal programs of Project Release, members seek to extend acceptance and co-operation, letting each individual set her/his own pace in tasks and responsibilities. Project Release feels that this form of self-help is a strong antidote to the anxiety of isolation and helplessness induced by society and psychiatry”.[83] This ideology of “self-help” poses itself in direct opposition to the asylum’s total institution and to psychiatric authority– the patient is assumed to know their best treatment.

Overall, the 1970s allowed the Psychiatric Survivors to develop unique and sophisticated politics. It was with this ideological framework that the Psychiatric Survivors were able to have some of their greatest successes as a movement in the late

82 Ibid, 97.
83 Chamberlin, *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, 96.

1970s and early 1980s.

“The Patients United will Never be Defeated”: The height of the psychiatric survivors movement.

On June 29th, 1976, members of the Network Against Psychiatric Assault (NAPA) and Women Against Psychiatric Assault (WAPA) began a sit-in at California Governor Jerry Brown’s office in the state capitol. Activists organized the sit-in after the state of California rejected an order from the Department of National Labor requiring that all “patient workers” receive minimum wage. While the federal government sued the state, NAPA decided that it was time they “bring the issue to the governor in person.”[84] “No More Hospital Slavery, No More Forced Labor, No More Forced Treatment, and No More Unpaid Labor,” the activists insisted.[85] Images of the sit-in captured in the October 1967 issue of *Madness Network News* show psychiatric survivors making the Governor’s office their own: covered in patterned quilts and blankets, they were sleeping on chairs and floors of the office. Since the office staff refused to turn off the overhead lights during the night, people slept with blindfolds on. The images also show protestors vacuuming and taking care of their new home. All the while, the

84 Network Against Psychiatric Assault, “June Newsletter,” Press release, NAPA Newsletter, June 1976. box 17, folder 25, Judi Chamberlin Collection, Robert S. Cox Special Collections and University Archives Research Center, UMass Amherst University, Amherst, Massachusetts.
85 Ibid.

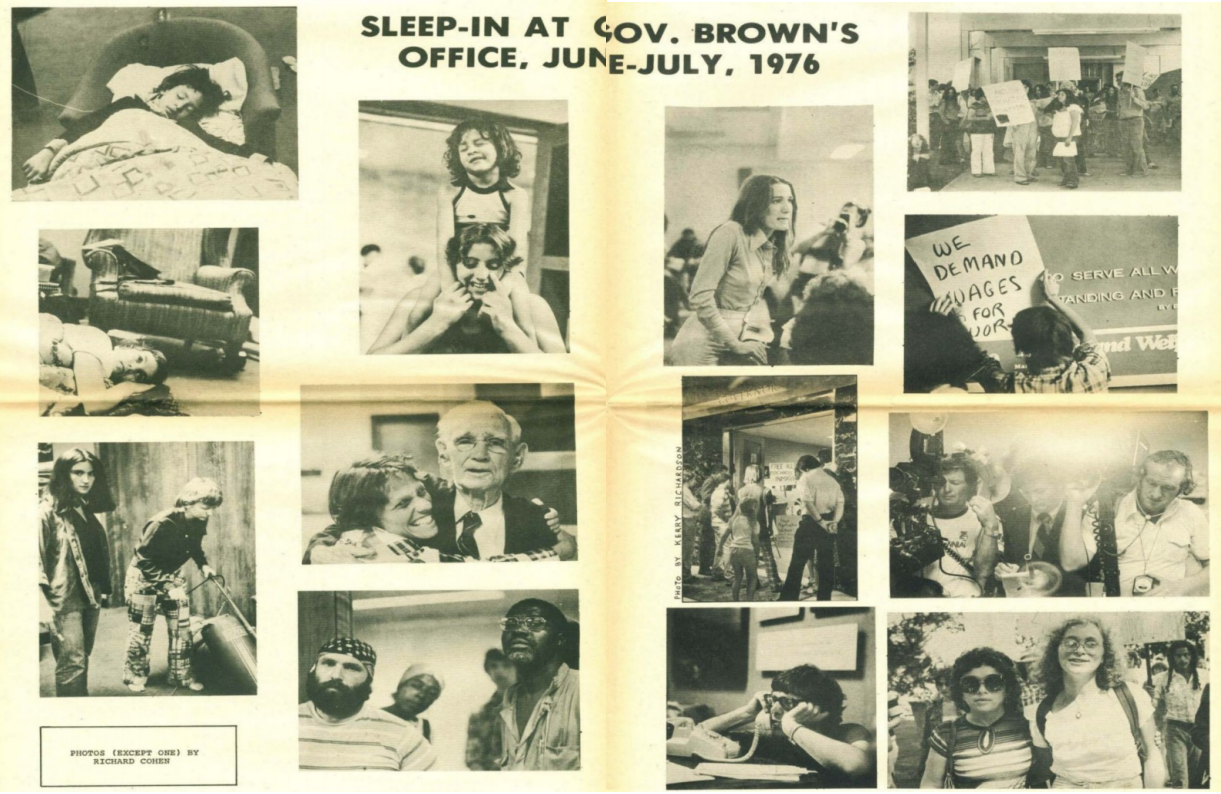
hallways were plastered with slogans like “Free All Psychiatric Inmates”, “Stop Psychiatric Torture” and “We Demand Wages for our Work.”[86]

According to the June 1976 newsletter of NAPA, the demands of the sit-in were as follows; “No More Hospital Slavery, No More Forced Labor, No More Forced Treatment, and No More Unpaid Labor”.[87] Reflecting the demands of the general 1976 patient demands, the protest also paid special attention to the issue of patient labor. Earlier that year, the Department of National Labor passed a bill requiring a minimum wage for all patient workers”. This order was rejected by the state of California, and as a result, the federal government was in the process of suing the state. NAPA decided that it was time they “bring the issue to the governor in person”.[88]

On July 3rd, the activists were able to have their first informal meeting with Brown. They discussed the issue of unpaid psychiatric labor and screened the anti-psychiatry film “Hurry Tomorrow” (1975), which focused on California’s neglected psychiatric hospitals using footage recorded on a secret camera. After Brown ended the meeting without any promise of action, NAPA activists decided to remain in his office for the rest of the month. They ended the sit-in on July 29th but returned in the middle of August to hold a “People's Tribunal on Psychiatric Crimes” in the office that garnered 100 attendees. This was followed by a march on the California Office of Health and Welfare, and a conversation with Health and Welfare

86Madness Network News, “Sleep in at Gov. Brown Office, June-July 1976.,” *Madness Network News*, October 1976, 12-13.
87 Network Against Psychiatric Assault, “June Newsletter,” 1976, Judi Chamberlin Papers.
88Ibid.

Secretary Mario G. Obeledo and State Health Director Dr. Jerome A. Lackner.[89] Their conversation with Obeledo as detailed in MNN ends with NAPA asking “How do you sleep at night?”, to which Obeledo responds, “Most of the time, I don't...”.[90] It was clear that NAPA and WAPA were not content with government words without actions.



Madness Network News, “Sleep in at Gov. Brown Office, June-July 1976.,” *Madness Network News*, October 1976, 12-13.

The 1976 Governor Brown sit-in is one of the most prominent examples that illustrates the militant and radical nature of the movement at

89Sheila Horowitz, “Tribunal On Psychiatric Crimes,” *Madness Network News 4.1*, October 1976.
90Madness Network News, “Confrontation With Obledo and Lackner,” *Madness Network News 4.1*, 1976.

the time. Activists positioned themselves against the state, with intense skepticism of the government's promises about patient rights and welfare. This skepticism extended to government and professional mental health and psychiatric agencies, primarily the American Psychiatric Association (APA) and the National Institute of Mental Health (NIMH). It was in this context that the Psychiatric Survivors movement reached the peak of its activity, and where the movement began to enter the national stage.

The patient’s movement chose three main locations for disruption. Next to government offices, they focused on the headquarters and annual conferences of national psychiatric organizations such as the National Institute of Mental Health (NIMH) and the American Psychiatric Association (APA). The latter of which tended to correspond with the psychiatric survivor’s annual Conference on Psychiatric Oppression. Finally, they directly targeted psychiatric hospitals. Sometimes activists merely spoke to patients and handed out patient’s rights literature in front of psychiatric hospitals. At other times, they organized large rallies in front of hospitals and made their way inside. In 1979, four members of the Alliance for Liberation of Mental Patients (ALMP) were arrested for distributing patient literature in front of Haverford State Hospital. One member, Lenny Lapon, would be arrested again after he continued to go back to distribute literature after his initial arrest.[91] The case turned into a major political trial

91 The Alliance for the Liberation of Mental Patients. “Haverford Fight Continues.” Press release, Fall 1980. box 14, folder 42, Judi Chamberlin Collection, Robert S. Cox Special Collections and University Archives Research Center, UMass Amherst University, Amherst, Massachusetts.

of the “Haverford Four”, and a multi-year suit that would end in AL MP's victory for the rights to be on Haverford hospital grounds, and by extension all psychiatric hospital grounds, in 1981.[92]

Another flashpoint of the movement came during the 8th annual Conference on Psychiatric Oppression in 1980. During the conference, attendees marched to an annual meeting of the American Psychiatric Association in Berkeley’s civic auditorium. Upon arriving, a group of particularly militant psychiatric survivors formed a human chain in front of the doors of the center, blocking any entry. Other ex-patients rallied around them, chanting “One, two, three, four, we won’t take your drugs no more, five, six, seven, eight, smash the therapeutic state” and “Hey, hey, APA, how many people did you kill today?”[93] A microphone was set up, and two statements endorsed by the conference were read; “Psychiatric Survivors Accuse APA of Crimes Against Humanity” and “Why we are Here”. Activists set up a microphone and read two statements: “Psychiatric Survivors Accuse APA of Crimes Against Humanity” and “Why we are Here.” For the next five hours protestors remained blocking the doors. In the following issue of *Madness Network News*, protestors remembered how disgruntled

92 The Alliance for the Liberation of Mental Patients. “At Last: ALMP Gains Access to Haverford.” Press release, Fall 1981. box 14, folder 42, Judi Chamberlin Collection, Robert S. Cox Special Collections and University Archives Research Center, UMass Amherst University, Amherst, Massachusetts.
93 Judi Chamberlin, “The Eighth International Conference on Human Rights and Psychiatric Oppression: Impressions and Observations,” *Madness Network News 6.1*, Fall 1980.

psychiatrists tried to break the chain. Some pleaded with protestors, some commenting that the ex-patients had “too much freedom.”[94]

Valkhoff, Jaap. Ex-*Patients Block Door of APA Conference*. Fall 1980. *Madness Network News*.

One of the biggest victories in the movement would come with the Psychiatric Survivor-run Coalition to Ban Electroshock in 1982. Network Against Psychiatric Assault would start campaigning for the ban in 1975 and formed the Coalition to Ban Electroshock with various other psychiatric survivor groups in the early 1980s.[95] After years of protesting the coalition successfully passed by popular referendum a ban on the use of Electroshock within Berkeley California.[96] Electroshock had long been a defining issue of

94 Ibid.
95 Jenny Miller, “New Coalition Challenges Shock Treatment,” *Madness Network News 6.5*, Summer 1982.
96 Barbara Quigley, “Berkley Electorate Bans Electroshock,” *Madness Network News 7.1*, Spring, 1983.

the movement. As a result, the 1982 Berkeley electroshock ban represented the biggest material win of the movement so far and showcased how far the movement had come since 1971. It also showed the real challenge psychiatrists faced from the Psychiatric Survivors movement– the Psychiatric Survivors in Berkeley were able to raise enough popular support to institute a ban on a key Psychiatric practice.

However, this victory did not last long. Immediately after the electroshock referendum passed, psychiatric associations across the state moved to sue the city of Berkeley. Eventually, the psychiatric groups settled on a request for a summary judgment of the decision, which Judge McKibben passed. This allowed the initial decision to be reversed, and on September 22nd, 1983, a closed session of the Berkeley City Council voted to repeal McKibben's decision. Only a month short of the Berkeley electroshock ban's first anniversary, it was formally repealed. The Coalition to End Electroshock asked to be represented in the bill's defense but was denied.[97]

The reporting of the repeal in the Winter 1983-1984 issue of *Madness Network News* had a sense of disappointment but hope. "Electroshock ban overturned– supporters vow to fight" reads] the top of the second page of the issue, which chronicled the Coalition to End Electroshock's attempts to appeal the reversal since September.[98] Special attention was also paid to the "unprecedented" nature of Judge McKibben's decision to reverse her

97 Jenny Miller, "Berkley's Shock Ban Overturned," *Madness Network News 7.3*, Winter, 1983.
98 Ibid.

primary decision, and the undemocratic nature of the bill's end after it passed with majority support. A letter titled "Where We're at" by the MNN editors on the following page addressed their close involvement in the Stop Electroshock coalition and how they felt "disappointed and angered" by the recent decisions. Despite this, they promised readers that they were committed to the "fight against electroshock on as many fronts as possible". The letter ended with a plea from the editors, stating in all caps, "DONATIONS ARE URGENTLY NEEDED BY THE COALITION TO END ELECTROSHOCK".[99]

Despite the blow of the electroshock repeal, the ex-patients movement did not lose hope. They continued militant actions and continued to enter the national consciousness. As the general public began to pay more attention to the demands of the psychiatric survivors, so did psychiatrists. The psychiatric survivors' movement successfully questioned the psychiatric profession on a national stage, constituting a serious concern among psychiatrists. While this is indicative of the success of the psychiatric survivors at the time, limited attention was given to how the psychiatric profession would try to salvage its reputation. Describing the moment, movement leader Ted Chabinski recalls,

> Soon after the vote, Leonard showed me a copy of the Psychiatric News, the American Psychiatric Association's newspaper of record. They were interviewing all candidates for office in the APA, and one of the questions asked was "What do you think are the biggest problems

99 Madness Staff, "Where Were At," *Madness Network News 7.3*, Winter 1983.

> of the profession today?" EVERY SINGLE ONE OF THEM mentioned "the lack of respect the public has for us," as the Berkeley vote showed. And I nearly jumped up and down, and said to myself, we're winning, we're winning! And we were.
>
> But the shrinks figured it out. In 1985, the first "Alternatives" conference was held in Baltimore …[100]

Alternatives 1985: A Movement Betrayed

The 1985 Alternatives conference was immediately distinct. Previous conferences on psychiatric oppression had been organized with little to no funding, held on college campuses or other relatively inexpensive venues.[101] Alternatives 1985, by contrast, appeared lavishly funded, with an elegant setup and formal programming. Unlike the annual Conference on Psychiatric Oppression which had resolved not to accept government funding, Alternatives 1985 was funded in its entirety by the Community Support Program [CSP], a program begun in 1978 by the National Institute of Mental Health (NIMH).[102] The CSP was created by NIMH as a response to Deinstitutionalization, described by NIMH in the CSP pilot programme paper as "a lofty idea, has become very ugly".[103] The goal of CSP was to

100Ted Chabasinski JD, "The History and Future of Our Psychiatric Survivor Movement - Mad in America," Mad in America, August 19, 2012, https://www.madinamerica.com/2012/08/the-history-and-future-of-our-psychiatric-survivor-movement/.
101 "Our History — Alternatives Conference," Alternatives Conference, n.d., https://www.alternatives-conference.org/our-history.
102 Judith Turner and William TenHoor, "The NIMH Community Support Program: Pilot Approach to a Needed Social Reform," *Schizophrenia Bulletin* 4, no. 3 (January 1978): 319–49, https://doi.org/10.1093/schbul/4.3.319.
103 Ibid, 2.

establish a more developed network of Community Mental Health Centers (CMHCs) after the limited state investment in the 1960s.[104] To do this, NIMH turned towards the infrastructure independently built up by the psychiatric survivors movement. NIMH's funding of Alternatives 1985 had already caused intense controversy within the psychiatric survivor movement, however the point of real contention emerged after the conference ended and it was revealed that attendees sought to form a national organization.

104 Ibid.

Madness Network News. "Liberation Struggles," Fall 1985, Cover.

The idea of a conference funded by the National Institute of Mental Health forming the psychiatric survivor movement's first national organization caused the largest internal crisis in the movement's history. The *Madness Network News* issue following the conference featured the term "Liberation Struggles" in bold in the center of the front page. Circling the page's center were various slogans representing "Liberation Struggles," from "SMASH U.S. IMPERIALISM" to "HOMOPHOBIA HAS TO GO". "ABOLISH PSYCHIATRY" and "FIGHT CO-OPTATION IN THE ANTI-PSYCHIATRY MOVEMENT" referred to particular demands towards psychiatry.[105] The newsletter opened with a warning in the form of a letter from the editors who cited a passage from British military officer Frank Kitson's influential guide on counter-insurgency Low-Intensity Operations: Subversion, Insurgency, Peace-keeping:

> In practice the most promising line of approach lies in separating the mass of those engaged in the [movement] from the leadership by the judicious promise of concessions … [one way] is to associate as many prominent members of the population, especially those who have engaged in nonviolent action with the government. This last technique is known as cooptation.[106]

This formally opened the debate around "cooptation" in the movement and ended up defining the future of the movement overall.

105 "Liberation Struggles," *Madness Network News 8.1*, Fall 1985, Cover.
106 Madness Staff, "Where We're At," *Madness Network News 8.1*, Fall 1985.

The fall 1985 issue included two essays from attendees of the Alternatives 1985 conference, “Maryland on my Mind” by Morgan Firestar and “Diversity?” by John Judge. Both authors argued strongly against the formation of a national committee. Firestar had decided at the last minute to attend the Alternatives conference and went to the infamous “organizing nationally” panel. “It did not occur to me I was about to witness a fault accomplish [sic],” she recalled. “I thought I was going to participate in a conversation about national organizing. I was mistaken.”[107]She described a lack of a democratic decision-making process, uncharacteristic of the psychiatric survivor's movement which had been mindful of the democratic process at previous conferences. John Judge commented on the lack of a unified radical political line. Pointing to the proposed name for the national organization, “National Organization of Consumers,” he noted that “consumer” was the term for ex-patients that the least radical, most reformist sect of the movement used. Most telling, it was put to vote if the 1985 annual conference on Human Rights and Psychiatric Oppression, which would take place a few months later in Vermont, should be able to choose half of the steering members of the new national organization. Most non-patient and professional attendees of Alternatives were not familiar with the annual conference on Human Rights and Psychiatric Oppression, even though it had defined the Psychiatric survivors movement for over the past decade. Attendees asked whether the conference was “anti-

107 Morgan Firestar, “Maryland on My Mind,” *Madness Network News 8.1*, Fall 1985, sec. Alternatives 1985.

psychiatry", to which movement members said yes. As a result, the overwhelming majority of Alternative attendees voted against allowing the Vermont conference to choose 50% of steering members.[108] In a desperate compromise, knowing that the vote result would not go over well in Vermont, psychiatric survivor representatives changed the terms of the proposal to say "up to" 50% of the seats would be chosen at the Vermont conference. "Having sold the movement and its basis of political unity down the river," Judge concluded, "they called out for help from their raft!".[109]

A few months following Alternatives 1985, the 13th annual Conference on Psychiatric Oppression took place, and attendees recalled the tension felt in the air, as everyone was huddled in small groups discussing the "national conference".[110] Two petitions circulated at the conference. One opposed "any future action being taken at this time to start a national organization" garnered 37 signatures. The second petition in support of a national organization garnered 21 signatures, urging attendees to "support the proposed national ex-inmate organization."[111] In "An Appeal for an Independent Psychiatry Movement," Lenny Lapon and John Judge warned of the "Problem of Cooptation." Lapon and Judge warned that a "national organization" risked the movement's grassroots and decentralized organizational culture, increased collaboration with "enemy" institutions

108 John Judge, "Diversity?," *Madness Network News 8.1*, Fall 1985, sec. Alternatives 1985.
109Ibid.
110 Susan Yudelman, "Notes From a New Comer," *Madness Network News 7.5*, Winter 1985, sec. Twelfth Annual Conference.
111 "Petitions to the Conference," *Madness Network News 8.1*, Fall 1985, sec. 13th Annual Conference for Human Rights and Against Psychiatric Oppression.

like NIMH and APA, and abandoned 1976's *Declaration of Principles*.[112] In another essay, “Don't Collaborate,” the author Rose noted that NIMHs continued to support electroshock therapy. An especially sensitive topic following the repeal of the electroshock ban in Berkeley, Rose cautioned: “You can't trust your enemy. I don't trust the institution which arranged my body to electroshock and prolixin… none of us, however eloquent, impassioned or persuasive, are going to turn the psychiatric system into a nondestructive system.”[113] And in “Fighting for Survival,” Sue Doell noted how national organizations, like the National Organization of Women, National Gay Task Force, and NAACP, had been used to silence opposition in the movement as the national organization took the most liberal line.[114] “The National Mental Patients Organization is dying,” Doell quipped. “It is reemerging as the National Association for the Advancement of Friendly Psychiatry.”[115]

The debates continued for the rest of Madness Network News. “Where do we go from here?” headlined the 6th page of the winter 1985 issue. The editors called on readers to seriously consider essential questions that would define the future of the movement. “How should we relate to non-ex-inmates and professionals? How can we connect with and support other liberation struggles? How can we solve the problem of giving each other emotional support at the same time as meeting the demands of our

112 Lenny Lapon and John Judge, “An Appeal for an Independent Psychiatry Movement,” *Madness Network News*, Fall 1985.
113 Rose, “Don’t Collaborate,” *Madness Network News*, Fall 1985.
114 Sue Doell, “Fighting for Survival,” *Madness Network News*, Fall 1985.
115 Ibid.

political work?" In "Co-Optation and Democracy," Lapon argued that the co-optation seen at the Alternatives conference was not an isolated issue. NIMH and other psychiatric agencies had long become increasingly involved in funding and running "psychiatric survivor" organizations, networks, and individuals.[116] The influence and money of these psychiatric institutions had reshaped the patient liberation movement long before Alternatives 1985. Indeed, Lapon charged that Psychiatric Survivor leaders had not arisen organically from the movement, but had been propped up by state and psychiatric funding. To prevent total co-optation and the death of the movement, a "democratic" movement had to emerge from psychiatric survivors of organizations that were solely ex-patient-run and organized and actively rejected all psychiatric funds and professional involvement. This required a serious reevaluation of current movement leaders, strategy, and reconstruction of leading organizations.

"Hello and welcome to the newest edition of Madness," the following issue of Madness Network News opened. "Readers will notice that a substantial amount of this issue is dedicated to thrashing out various debates within the movement."[117] Alongside contributors who agreed emphatically with the calls to "end co-optation," this issue offered responses from several prominent movement leaders who led organizations that had collaborated with and received financial support from NIMH and other professional organizations. Now they felt the need to publicly defend their

116 Lenny Lapon, "Co-optation and Democracy," *Madness Network News 7.5*, Winter 1985.
117 MNN Collective, "Hello!," *Madness Network News 7.6*, 1985.

decisions. Judi Chamberlain, author of *On Our Own,* was a core member of the Mental Patients Liberation Front and co-founder of various mental health alternative centers. While respected as a movement leader, Chamberlain became a central figure in the discussion as others learned that she was involved in the formation of the national organization, was a core organizer for a controversial NIMH-funded teleconference, and had accepted a small salary for her organizational efforts.[118] In her article, *Cooptation and Democracy: Another View*, Chamberlain defended her choices and explained the necessity of having finances "to build the democratic structures Lenny calls for." Such financial support, she argued, was only achievable with government funding. Indeed, Chamberlain argued that an organization could both accept state funds and oppose the state. She pointed to the example of the patient-run alternative care center On Our Center in Baltimore, which hosted the Alternatives conference but had in the past also sued the state. Chamberlain called for "more trust" and an acceptance that the Psychiatric survivors movement came with a diversity of political positions.[119] Paul Dorfner, founder of the ex-patient organization Vermont Liberation Organization, similarly defended his group's acceptance of NIMH (CSP) funds. He explained that his group had taken NIMH's funds as part of a long-term strategy to sabotage the oppressor. NIMH and their

118 "Judi Chamberlin: Psychiatric Survivor Movement," interview by Cheryl Alexander and Judi Chamberlin (Madness Radio, February 8, 2006), https://web.archive.org/web/20181105221252/http://www.madnessradio.net/madness-radio-judi-chamberlin-psychiatric-survivor-movement/.
119 Judi Chamberlain, "Cooptation and Democracy: An Alternative View," *Madness Network News 7.6*, 1985.

Community Support program were not a serious threat, he tried to assure opponents. “Don't worry that their conferences will ever replace ours,” he concluded. “It is a different world.”[120]

The responses of movement activists, both for and against the national organization, illustrate that the debate of “co-optation” was not a new issue for the movement. Instead, 1985 brought to light long-standing tension that had silently defined the movement since its start, splits between organizations and between leadership and rank and file. However, Dorner would soon be proven wrong. The 14th annual 1986 conference on Psychiatric Oppression would take place in Vermont and would be the last of the patient-run conferences. Alternatives promptly took its place as the “movement’s annual conference.”[121]

Not too long after, Madness Network News published its final issue in the Summer of 1986. Just a year after the debate of co-optation was brought to the national stage, the radical ex-patient separatist faction of the movement had effectively collapsed. In their absence, government-funded “mental health” organizations quickly took their place. To understand how this took place, one must analyze the trend of co-optation that led to 1985, how the movement attempted to reckon with this crisis in 1985-1986, and how they failed.

120 Paul Dorner, “Fighting the Enemy on Their Own Ground,” *Madness Network News 7.6*, 1985.
121 “Our History — Alternatives Conference,” Alternatives Conference, n.d., https://www.alternatives-conference.org/our-history.

The Redemption of Psychiatry and Community Health Care

The collapse of MNN and the Conference marked an end to the Psychiatric Survivor movement as it was. If the creation of Madness Network News and the Conference on Human Rights and Psychiatric Oppression created a space where unique, separatist, and radical psychiatric survivor politics could be developed, the absence of those spaces implies those politics ceased to exist practically. As a result, the Alternatives conference and corresponding reformists and psychiatry-endorsed ex-patient politicians were able to become dominant in the movement. In a way that mirrored the collapse of the patient support group We Are Not Alone (WANA) and subsequent transformation into the psychiatrist's Fountain House 40 years earlier, the Psychiatric Survivor movement had become the "Mental Health Consumer" Movement.[122]

However, the collapse of the Psychiatric Survivors in 1986 must not be understood as an abrupt "co-optation" as a result of a new conservative era. Instead, it must be seen as a dramatic confrontation of a long-standing contradiction within the movement, which was bound to come to the fore. Marxist academic David Harvey argued in 2005 that "Any political movement
that holds individual freedoms to be sacrosanct is vulnerable to incorporation into the

122 Chamberlin, "The Ex-Patients' Movement: Where We've Been and Where We're Going."

neoliberal folk".[123] Although Psychiatric Survivors had long advocated for the complete abolition of Psychiatry and the subsequent liberation of the psychiatric patient, the politics of the movement was dominated by conversations of individual patient rights and autonomy– specifically, the search for a patient-run "alternative" to the traditional psychiatric institution. Much of this politic did not seek to abolish the paradigm of Psychiatry, as much as it sought to simply create a "better hospital". In this way, the Psychiatric Survivors movement, even at its most radical, had always been "co-opted".

This is not to say that the Psychiatric Survivors did not pose a threat to Psychiatry. In the mid-1970s and early 1980s, they were central to challenging psychiatric legitimacy, and by far had the most extreme anti-psychiatry politics. This makes their co-optation by the Psychiatric institution unexpected– but not unexplainable. "Reformist" politics remained persistent in the Psychiatric Survivor movement since its start due to an overemphasis on individual liberties over collective liberation. This is due to the political nature of anti-psychiatry, "alternatives", and the influence of deinstitutionalization.

When the Psychiatric Survivor movement and organizations came out of the context of the New Left, not every member did. "Anti-Psychiatry", while popular on the left, was not an inherently "left" politic– its originator was Thomas Szaz, a well-known right-wing libertarian. When psychiatric

123 Coleman, E. Gabriella, 'The Politics of Rationality: Psychiatric Survivors' Challenge to Psychiatry", 343.

survivors would occasionally criticize Szaz for his “weird politics”, and defined themselves as separate from traditional academic “anti-psychiatry”, anti-psychiatrist remained close allies. As a result, the libertarian ideals that would shape Szaz’s understanding of Anti-Psychiatry would influence the movement's politics. Even when Psychiatric Survivors would develop a class understanding of the role of the patient/psychiatrist, Szaz’s conceptualization of Psychiatry and the Mental Illness model as simply an “infringement” on individual rights would remain ubiquitous across the movement. This would lead to a strong disdain for a strong central leadership within the movement, which would result in a culture of organizing that consisted of a variety of small grassroots organizations spread out across the country. This left Madness Network News and the annual Conference as the only national forums, and when the Psychiatric Survivors would assume leadership in those spheres, it was not codified. As a result, when the radical Psychiatric Survivor perspective lost power in the 1980s with the absence of the broader New Left and revolutionary culture of the 1970s, the reformist sects of the movement reflective of the conservative zeitgeist of the 1980s would rise to prominence. Even when the reformist national organization was proposed in the 1985 Alternatives conference, movement radicals would not call for a national organization of their own, but against the idea of a national organization in its entirety.[124]

124 Sue Doell, “Fighting for Survival,” *Madness Network News*, Fall 1985.

Most detrimental to the Psychiatric Survivors' politics was the place Psychiatry found itself in the late 1970s and early 1980s. In the early 1970s, swaths of literature would come out discussing the “failure” of the Community Mental Health care project of the previous decade. “Deinstitutionalization” and the failure of the push for Community Mental Health Care (CMHC) was becoming understood nationwide. Psychiatry could not return to the old state mental health hospital system. Instead, Psychiatry was forced to find a way to reform and redeem Community Mental Health Care in the eyes of the general public.

The Community Support Program (CSP) of the National Institute of Mental Health would formally begin in 1978, out of a Community Support working group within the institute that would meet in the late 1970s.[125] The founding report, *The NIMH Community Support Program: Pilot Approach to a Needed Social Reform*, argues for a new model for Community Mental Health Care in the face of deinstitutionalization. This new model would have a strong “social activist” character, mirroring that of the initial push for Community Mental Health programs. A set of eight CSP principles created by the initial working group in 1977 would showcase this character. They were as follows,

1. **Person Centered/ Person Empowered:** Services are based upon the needs of the individual and incorporate self-help and other approaches that allow peers to retain the greatest possible control over their own lives.

125 Judith Turner and William TenHoor, “The NIMH Community Support Program: Pilot Approach to a Needed Social Reform,” *Schizophrenia Bulletin* 4, no. 3 (January 1978): 319–49, https://doi.org/10.1093/schbul/4.3.319, 328.

2. **Culturally competent**: Services are sensitive and responsive to racial, ethnic, religious and gender differences of peers and their families.
3. **Able to Meet Special Needs**: Services are designed to meet the needs of persons with behavioral health challenges who are also affected by such factors as age, substance use, physical illness and disability, developmental disability, homelessness or involvement with the criminal justice system
4. **Community Based with Natural Supports**: Services are provided in the least cohesive manner and in the most natural settings possible. Peers are encouraged to use natural supports in the community and to integrate into the living, working, learning and leisure activities of the community.
5. **Flexible**: Services are designed to allow people to move in and out of the system and within the system as needed.
6. **Coordinated**: Treatment services and supports are coordinated on both the local system level and on an individual person basis in order to reduce fragmentation and to improve efficiency and effectiveness with service delivery. Coordination includes linkages with peers, families, advocates and professionals at every level of systems of care.
7. **Accountable**: Service providers are accountable to the users of services and include people and families in planning, development, implementation, and monitoring and evaluating services.
8. **Strength Based**: Services built upon the assets and strengths of peers and helping people maintain a sense of identity, self-esteem and dignity.[126]

At the same time the Community Support Program was being created, a separate Psychiatric Survivor for “alternatives” would emerge. Judi Chamberlins *On Our Own: Patient-Controlled Alternatives to the Mental Health System* would be released the same year as CSP in 1978. Chamberlain would discuss the development of drop-in centers and “freak-out”/crisis centers within the Psychiatric Survivors movement and the role they played as an alternative to specifically the State Mental Health Hospital. A goal of the centers would be to imbue the (ex)patients with a sense of radical confidence through a process of “consciousness raising” amongst other patients. This was based on the anti-psychiatry

126 Delaware County Community Support Program, “The Eight CSP Principles,” DELCO CSP, 1977, https://www.delcopacsp.org/csp-principles.

understanding that the professional/patient relationship is oppressive, and the institution of the hospital serves to legitimize that oppression. Furthermore, these centers would be integrated into society, not removed from the "total institution" of the asylum, and people would be able to come and go from the facilities as they need. This is grounded in the Psychiatric Survivor's long fight against involuntary commitment.

Returning to the eight goals of NIMH's Community Support Program, there are strong parallels between the goals of the Psychiatrist social activist and the goals of the Psychiatric Survivor when it comes to "Alternatives". Notably, the first goal and last goals are "Person Centered/ Person Empowered" and "Strength-Based". "Person Empowered" is described as basing the program on the "needs of the individual" and "self-help", to "allow peers to retain the greatest possible control over their own lives". The use of the term "self-help" especially stands out here, as this was a term popular in the Psychiatric Survivor movement, and one referred to by Lenny Lapon as being co-opted in the psychiatric association.[127] "Strength-Based" aimed to create an environment where patients feel "dignified", with the use of "peer" support. The aim of "peer" (patient-to-patient) support and "self-help" facilities in pursuit of having patients feel "dignified" and in control of their own lives strongly mirrors the stated intended purpose of Psychiatric Survivor consciousness-raising. Furthermore, the 4th goal "Community Based with Natural Supports", 6th

127 Lenny Lapon, "Co-optation and Democracy," *Madness Network News 7.5*, Winter 1985.

goal “accountable” and 7th goal “coordinated” would correspond with the goal of Psychiatric Survivor alternatives to ensure that the patient was placed in the larger society, not isolated in a total institution, and was given the means to reintegrate into society. One of the most interesting similarities would be the 5th goal, which would aim to allow patients to move “in and out of the system as needed”. This would effectively replicate the format of the drop-in and crisis center, the most popular kind of alternative in the Psychiatric Survivors movement.

However, as discussed, Judi Chamberlin’s *Patient-Controlled Alternatives* would primarily position itself against the kind of “alternatives” described in the Community Support Program document. In the chapter Real Alternatives and False Alternatives, Chamberlain strongly argues that any “Alternative” that directly involved psychiatric professionals, was a “false alternative”. Calling such institutions alternatives would just serve as a form of “psychiatric mystification”.[128] This is because Chamberlain agreed with the anti-psychiatry analysis that the professional/patient relationship is inherently oppressive, and any center that had direct involvement from professionals would replicate this oppression. This served as the context for Chamberlain and the broader psychiatric survivor movement’s push for “separatist alternatives”, alternatives completely (ex)patient-ran, absent of professionals. [129]

128 Chamberlin, *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, 92.
129 Ibid.

However, despite this ideological conflict, the Psychiatric Survivors' separatist alternatives and the Community Support Program's projects served to create extremely similar institutions. However, when the Psychiatric Survivors would have their institutions exist in small apartments and homes, crowdfunded or funded by small grants, the Community Support Program had their institutions financed by a government institution, with a comparatively endless amount of resources. By making a defining political goal of the Psychiatric Survivors movement the creation of "alternatives", the Psychiatric Survivors were entering a battle of resources with the National Institute of Mental Health that they could not win. Throughout On Our Own, Chamberlain writes about Psychiatric Survivor organizations that wanted to form alternatives but did not have the money to do so.[130] Even of the Psychiatric Survivor separatist alternatives that existed, no matter how successful proved to be, the NIMH-backed alternatives would always be better funded and more expansive. Under this context, one begins to understand why Chamberlin argued for the necessity of taking NIMH and APA funds in 1985. Notably, in *On Our Own*, she mentions that Vancouver's Mental Patients Association received outside support from psychiatric professionals in the form of "support letters for funding". She explicitly states that despite this, the Vancouver organization still operates as a "separatist alternative", as the professionals did not play a direct role in the running of the institution itself.[131] It is not questioned

130Chamberlin, *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, 82.
131 Ibid, 93.

why a psychiatrist would feel comfortable supporting an institution that aims to attack their credibility and ultimately destroy their profession, and it was not mentioned where the funding is from. These questions would not be settled publicly until 1985.

Another example showcasing the lack of proper resources needed to compete with government-backed “alternative” initiatives would be the relation to the “extremely” mentally ill. In the 1978 Community Support Program pilot paper, the “extremely mentally ill” is listed as the focus population, and the population found most neglected by deinstitutionalization”.[132] When On Our states psychiatry-backed “alternatives” remove people deemed “too sick”, Chamberlain herself has an incomplete theorization when dealing with the reality of mental distress. To close out the “Real and False Alternative” chapter, Chamberlain would claim “Most mental patients [excluding those damaged from having been kept institutionalized for long periods] are not strikingly different in their problems and their concerns from so-called normal people”.[133] Here, Chamberlain’s argument for the separatist alternative is based on the exclusion of the “most sick” mental patients and the idea that most dubbed “mentally ill” function as “normal people”. This rhetoric serves to make an underfunded separatist alternative seem more possible, as it argues the need for intense crisis prevention would not be as extreme as believed. In

132 Turner and TenHoor, “The NIMH Community Support Program: Pilot Approach to a Needed Social Reform.”
133 Chamberlin, *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, 104.

doing so, Chamberlain incidentally admits that many separatist alternatives do not have the resources to deal with the “seriously sick”. Chamberlin's patient experience is one of the “new state hospitals” that formed after the start of deinstitutionalization, where wide swaths of people would be institutionalized for short and intermediate periods, often repeatedly. This class of ex-patients would be dominant in the psychiatric survivor's movement when the “chronic patient” of the old traditional mental asylum would be underrepresented.

It was also made clear through the stated goals of the Community Support Program that many of the basic goals of the Psychiatric Survivor’s alternatives did not pose a threat to the Psychiatric institution. It proved a useful framework for Psychiatry aiming to redefine itself in the shadow of denationalization. A pushback to the push for Alternatives in the movement would only come in 1985. In a section of her essay titled “Alternatives Can Be Dangerous”, Sue Doell argues against the over-fixation of the traditional Psychiatric hospital in the movement. She states that “Deinstitutionalization had led to the creation of a psychiatric state. Psychiatry now interferes with every aspect of our lives”.[134] As a result, it is impossible for a “true alternative” to exist, without overthrowing the system of psychiatry entirely. Otherwise, a push for “alternatives” would just lead to co-optation.

Another central part of the Community Support Program is the inclusion of mental health “consumers”. The reformist “mental health

134 Sue Doell, “Fighting for Survival: Alternatives Can Be Dangerous,” *Madness Network News 8.1*, Fall 1985.

consumer” movement would not come about in 1985. It had always existed within the broader ex-patient coalition as the “Consumer/Survivor/Ex-Patient Movement” (C/S/X Movement). Throughout the movement's history, radical psychiatric survivors maintained an alliance with the reformist consumer sect. Unlike the inclusion of psychiatric professionals in the movement, this had not been a point of public discourse. This had been a point of pride showcasing the movement's “diversity of thought”.[135] This was not just done out of an opportunistic desire for more numbers, but because more radical psychiatric survivors believed that ex-patient “consumers” could develop more radical anti-psychiatry politics if welcomed into the movement and allowed to develop consciousness.[136] However, as the consumers played an active role in the C/X/S alliance, they also played a central role in developing and lending ex-patient legitimacy to the development of the Community Support Program. The pilot paper of the program would specifically credit “consumer advocates”, and would have a section dedicated to the “Consumer Perspective”.[137] In particular, consumer advocate and member of the C/X/S coalition Pricilla Allen would be invited to form the Community Support Program due to his work creating a “Bill of Rights for Citizens Using Outpatient Services” in 1976.[138] Notably, this would be the same year the C/X/S movement would formally “remove”

135 “Third Annual Conference on Human Rights and Psychiatric Oppression,” *Madness Network News 3.3*, October 1975.
136 Ibid.
137 Turner and TenHoor, “The NIMH Community Support Program: Pilot Approach to a Needed Social Reform,” 321.
138 Turner and TenHoor, “The NIMH Community Support Program: Pilot Approach to a Needed Social Reform,” 321.

Psychiatric professionals, and the year where the first movement-wide list of demands would be shared at the 1976 Boston Conference on Human Rights and Psychiatric Oppression.[139]

Writing on the early 1970 Gay Liberation Front campaign to remove homosexuality from the DSM, historian Abram Lewis would argue that although radical sections of the gay movement had strong anti-psychiatry politics at the time of the removal of homosexuality from the DSM, the removal would ultimately serve to legitimize Psychiatry in the long-run. Although it at first appeared to undermine the legitimacy of Psychiatry, homosexuality's removal would serve to re-enshrine psychiatry as a progressive institution.[140] The same process of co-optation would take place in the Psychiatric Survivor and C/X/S movement.

The Collapse of the Psychiatric Survivor Movement

In the last month of 1985, Lenny Lapon would begin the Psychiatric Survivor movement's first-ever hunger strike. It would last 60 days, and would serve to "bring to public attention the many deaths, injuries and severe rehabilitations that occur as a result of the psychiatric practices". However, Lapon, a central figure in the co-optation debates that year, had another goal in mind for the fast. He would go onto state for the Spring 1986 issue of Madness Network News,

139 Annual Conference on Human Rights and Psychiatric Oppression, "Boston Conference Patient Demands."
140Lewis, "'We Are Certain of Our Own Insanity': Antipsychiatry and the Gay Liberation Movement, 1968–1980."

> I am hoping to influence within our movement as well, to put forward a strong anti-psychiatry position for those who are hedging on taking a stand on co-optation. I hope those who have left our movement and are now on the NIMH payroll will reconsider what they are doing. I am taking a step towards preserving the anti-psychiatry movement.[141]

The last year of the movement would see a desperate attempt by remaining Psychiatric Survivors to preserve their unique radical politics. Although they would be unsuccessful, the decisions of the Psychiatric Survivors at this time would drastically shift the movement in an attempt to address the longstanding issues that led to co-optation. They could not stop the funding reformist groups were receiving, however, they could define themselves and their political project as separate from the reformists. This led to an attempt to rebuild and redefine the Psychiatric Survivors movement entirely, with a sharp analysis of what allowed the “co-optation” to take place.

In late 1985, the Psychiatric Survivors would finally address the long-standing Mental Health Consumer and Psychiatric Survivor schism. When in the past the movement prided itself on the diversity of opinions to be found, Psychiatric Survivors now sought to define themselves not only as separate from but as against, the “Consumer”. In many ways, Psychiatric Survivors in 1986 aimed to recreate the removal of psychiatric professionals 10 years earlier in the movement. As the removal of professionals originally allowed the radical Psychiatric Survivor politics to formally develop, 1986 survivors

141 Anne, Sue, and Lenny Lapon, “Fasting for Freedom,” *Madness Network News 8.2*, Spring 1986.

hoped to not only preserve their radical politics but reinvent them to address the failures and mistakes of the past 20 years. This new Psychiatric Survivor would be unable to be “co-opted”.

In the absence of the larger C/S/X coalition, Psychiatric survivors scrambled to forge alliances and coalitions with the broader left. Returning to the cover 1985 Fall issue of Madness Network News, the inclusion of “Fight co-optation in the anti-psychiatry movement” and “ABOLISH PSYCHIATRY” in a web of all the other political issues and campaigns of the era was an attempt to forge this connection.[142] Often, coalition building would be done as an acknowledgment of the 1970s and early 1980s Psychiatric Survivors’ failure to properly coalition build amongst the larger new left, and as a criticism of the new consumer movement for not having an internationalist and “leftist” edge. This can be seen in Sue Doell’s article “Never Made Coalitions”, where she laments Psychiatric Survivor’s failure to make proper inroads with specifically the prison movement, as well as anti-war politics and even animal rights politics. This appears as an attempt to address the longstanding issues of the nature of anti-psychiatry and the political relation to the broader new left.[143] This would continue in “Single or Multi-Issue Groups” by Richard Stanley in the following issue and would define the “new” psychiatric survivor’s aesthetic.[144] However, this strategy would not work out. By the mid-1980s, the radical culture and organizations

142 “Liberation Struggles,” *Madness Network News 8.1*, Fall 1985, Cover.
143 Sue Doell, “Fighting for Survival: Never Made Coalitions,” *Madness Network News 8.1*, Fall 1985.
144 Richard Stanley, “Single or Multi-Issue Groups,” *Madness Network News 8.2*, Spring 1986.

of the 70s had dissipated, been destroyed, or had become co-opted themselves.

Although the psychiatric survivors would put up a valiant effort to redefine themselves, in the absence of a larger left, and up against a federally-funded consumer movement, the attempt failed. The collapse of Madness Network News would come about due to backlash when the paper advocated to define Psychiatric Survivors as separate from Mental Health Consumers. The Where We Are At letter from the editors in the Spring 1986 issue of Madness Network News would reveal an intra-community boycott formed against the paper, done under the claim that "MNN is refusing to print all points of view".[145] This is because, in the previous few issues, Madness Network News had refused to print 3 articles sent to the paper. They defend their decisions in the letter, stating that the letters did not get accepted as the first wrote disparaging content about people on welfare, the second was about Christianity from a born-again Christian, and the third "supported the medical model of mental illness". On the last point, MNN clarifies that "it is true we do not support this viewpoint", and that, "for the first time in our history, Madness Network News is taking a stance on controversial issues within the movement". Madness Network News continues their letter by stating "We have come to the sad realization that there is a distinct split between the anti-psychiatry movement and the psychiatric reform movement. Madness Network News has been, and

145 Madness Staff, "Where We're At," *Madness Network News*, Spring 1986, 2.

continues to be, the journal of the psychiatric inmates' liberation movement".[146]

The following Madness Network News issue would be the last. The last Where We're At column would be printed as a draft, as the MNN team would dissolve before it could be completed. In the final letter, the MNN staff would state,

> The current Madness Network News Collective is dissolving after this issue. As we go to the printer, the future of the paper is unknown… There is an indefinite possibility that MNN could become a voice of the recently expanded "mental health client/consumer" reform movement. We will feel that this would be an insult to the entire history of Madness Network News. We implore MNN readers to not let this happen.[147]

Following the statement, the staff would go on to thank readers and all who have been supportive, especially over "the last several issues". They then go on to admit defeat– "The effort by NIMH/CSP/APA to co-opt our movement with funding has been very successful. Very few Anti-psychiatry projects remain".

The letter would be published with two possible endings– the staff not able to choose one before the collective dissolved. The first ending would spell out a more hopeful and idealistic future for the movement. The "First Ending" would read, "But one thing is certain, no matter how unorganized

146 Ibid.
147 Madness Staff and Anne Boldt, "Where We're At," *Madness Network News*, Summer 1986, 2.

the movement may currently appear the public– and underground–resistance to psychiatric assault and oppression will continue to grow. Psychiatry will one day be abolished". The "Second Ending" would have a far more sobering and uncertain statement for the future of the movement. It would read, "Very Few Antipsychiatry Projects remain. Those that do tend to be isolated. It remains to be seen whether or not a visible, organized anti-psychiatry movement will continue to exist at this time".[148]

Conclusion

About 4 years later, Judi Chamberlin would write one of the first comprehensive histories of the Psychiatric Survivor movement, "The Ex-Patient Movement: Where We've Been and Where We Are Going". Within it, there is a brief confession of the mistakes made in 1985. Chamberlain identifies a "trend toward reformist 'consumerism'" in the movement, and states that it "developed as the psychiatric establishment began to fund ex-patient self-help". However, better reflecting the argument she made 5 years earlier, she would go on to state "Ironically, the same developments which led to the movement's growth and the operation of increasing numbers of ex-patient-run alternative programs, also weakened the radical voices within the movement and promoted the views of far more cooperative 'consumers.''[149] Despite hesitance to agree with the anti-cooptation crowd about the nature of psychiatric funding, the state of the

148 Madness Staff and Boldt, "Where We're At", 2.
149 Chamberlin, "The Ex-Patients' Movement: Where We've Been and Where We're Going," 8.

C/S/X movement five years out of 1985 made the reformist co-opted direction of the movement impossible to ignore. In the “Where the Movement Stands Now” section that would end the paper, Chamberlain wrote of the prevalence of many groups that would “speak for” patients, without active patient involvement. Chamberlain would go on to state, “A basic liberation principle is that people must speak for themselves”.[150] Of the patient-run groups, Chamberlain writes of the dominance of consumerist “self-help” groups and their growing role in professional psychiatric treatment. Chamberlain argues for a “liberationist” politic, in the style of Psychiatric Survivors. Furthermore, Chamberlin remarks on a generally changing attitude toward Psychiatry– “The psychiatric/medical model of "mental illness" is widely accepted by the general public".[151] The field that faced a serious crisis of legitimacy in the 1970s was now having some of its more controversial theories become widespread and embraced.

Of course, the Psychiatric Survivor did not completely disappear. Some Psychiatric Survivors would reorganize, with the new Psychiatric Survivor newsletter *Drendon: News From the Mad Underground* released in 1988.[152] Groups of radical Psychiatric Survivors would continue to counter-protest APA meetings and conferences. However, as the term “Mad Underground” suggests, Psychiatric Survivors had lost control of the patient's movement. They had now been regulated to a small

150 Chamberlin, “The Ex-Patients’ Movement: Where We’ve Been and Where We’re Going,” 9.
151 Ibid.
152 Dendron. “Bill Clinton’s HealthCare Reform.” Dendron: News From the Mad Underground, Fall 1993.

countercurrent in the broader consumerist and mental health reform movement, which would take off in the late 1980s and early 1990s. When there would be a brief resurgence into the public eye in the mid-2000s, the Psychiatric Survivor politics would never regain the national prominence it had before 1985. This is best showcased in the testimonies of remaining psychiatrist survivors, who would go on to discuss, debate, and mourn 1985 and the collapse of the National Conference on Human Rights and Psychiatric Oppression and Madness Network News.

Ted Chabinski's *The History and Future of Our Psychiatric Survivor Movement* would be published online at the MadInAmerica website in 2012 and would be a more personal historization of the Psychiatric Survivors movement. Chabiniski was a prominent leader in the Psychiatric Survivors movement, leading the coalition against electroshock. In the article, Chabinski discusses 1985 and the battle against co-optation extensively. However, with the article being published over 25 years after 1985, the result of NIMH/APA financing would no longer be up for debate. As Chabinski would write, "Wendy still says she was amazed at how little money it took to destroy our movement". The entire history Chabinski lays out is framed against the modern-day "consumer" and mental-health movement, a call to return to the politics of the Psychiatric Survivor. In a biting and revealing critique of the consumer movement in the 2010s, Chabinksi would write.

> So now, we are not a human rights movement anymore, but the "recovery movement," whatever that may mean. This "movement" is not controlled by the people who have suffered under the mental illness system but by that very system. We don't address ourselves to the general public anymore, but to the people who provide the funding. We are now invisible to the media and the public. Our legal rights have deteriorated, with vicious outpatient commitment laws in almost every state. We don't fight them, because we are the "recovery movement," a branch of the mental illness system. Bigotry against us is the worst it has ever been. Even though tens of millions of people in this country have been inmates of psych wards, almost none of them have heard of us, and we give them no motivation to want to join us.[153]

Notable is the lack of differentiation between the Psychiatric Survivors movement and the consumer or "recovery movement". Chabinski takes responsibility for the larger "mental health" movement and sees it as a direct failure of the Psychiatric Survivors to maintain their politics and their prominence. This is indicative of the Psychiatric Survivor position further eroding, especially as psychiatry became more ubiquitous in American life. The vestiges of the movement such as *Drendon* that were still relevant when Chamberlin wrote her history in 1990 had either ceased to exist or had completely lost their relevance. By 2012, the Psychiatric Survivors had lost their relevance and the majority of their movement infrastructure. This is

153 Chabasinski, "The History and Future of Our Psychiatric Survivor Movement - Mad in America."

made in the comments of Chabinski's piece, where commenters have taken to arguing over how to fix the "political weakness" of the Psychiatric Survivors movement. The debate surrounds how survivors should relate themselves to the scientology-affiliated Citizens Commission on Human Rights (CCHR)– which by 2012, had replaced ex-patients as the most prominent "anti-psychiatry" voice in America. Chabinski would respond to one comment by saying, "My take on it anyway is that no matter what we do, the Church of Psychiatry will call us Scientologists, so why waste time on the issue?".[154]

Each of the histories presented by Psychiatric Survivors would spend considerable time either explaining or defending their position in 1985. It was evident by 1990 that the 1985 debate was the defining moment in the history of the movement, and many Survivors felt the need to justify their actions. Writing on the collapse of the annual conference and then Madness Network News, Judi Chamberlin would write "The dissolution was aided by a group of "consumers" who may have seen the liberation perspective as a threat. At the same time, some extreme radicals opposed any form of organization as oppressive, believing that a decentralized and unstructured movement could accomplish its goals".[155] Chamberlain discusses the harmful influence of the consumer groups funded by NIMH, but her critique of the "extreme radicals" in the movement appears even

154Chabasinski, "The History and Future of Our Psychiatric Survivor Movement - Mad in America," Comment.
155 Chamberlin, "The Ex-Patients' Movement: Where We've Been and Where We're Going," 8.

more harsh. Describing them as wanting a “totally decentralized” and unstructured movement, it appears that Chamberlain is arguing that if the radicals in 1985 got their way, the movement would end up the same– or even worse off.

By 2012, Ted Chabinski would take a different approach, admonishing 1985 as the movement’s worst mistake. However, despite being a prominent leader in the Psychiatric Survivor movement at the time, Ted Chabinski was largely absent from the public 1985 debates. In one of the most candid parts of his essay on the history of the Psychiatric Survivors Movement, Chabinski writes,

> I should have tried as much as I could to fight what was happening then, but my excuse was that I was in law school, and eventually, I was going to win some big cases like Brown vs. Board of Education that would get us our legal rights, Yeah, right. The real reason was that I was too cowardly, confronted with the power of that system we used to fight.[156]

In a similar fashion to Chamberlain, a close friend and former partner, Chabinksi would be dedicated to the legalistic strategy for patient rights. Theoretically, psychiatric funding would not influence this strategy– as Chamberlin wrote in 1985, NIMH-funded organizations still brought Psychiatric institutions to court. Chabinski would work as a patient legal representative in a consumer non-profit organization up until his retirement. But by 2012, this was a decision he regretted, and as a result,

156 Chabasinski, “The History and Future of Our Psychiatric Survivor Movement - Mad in America.”

he reframed it as a concession made when faced with the power of reforming and reemerging psychiatry in 1985.

When Chamberlin's written history of 1985 is in part defined by her resentment of her adversaries during the debate, there is still an element of truth to the self-destructive nature of the radical faction. Jenny Miller, a founding member and key editor of Madness Network News, will write her history of the movement in 2021, titled *The History of Madness Network News and the Early Anti-Psychiatry Movement.* When discussing the end of Madness Network News, Miller addresses rumors that the paper ended because it "got taken over by the 'consumer' movement" and that "the creators decided to compromise their fiercely-held anti-psychiatry beliefs in exchange for cushy government-funded jobs in the mental illness industry".[157] In reality, Miller states that the paper ended because the editors "burnt out"– they had dedicated their lives to fighting psychiatry, and now a decade in they had lost the larger left community that sustained this lifestyle. The debates of 1985 were the tipping point of the paper, and Miller describes it dissolving into "denouncing the psychiatric survivors who they thought should be doing a better job of organizing against psychiatry." Eventually, Miller states, "and perhaps inevitably, the two remaining editors ended up denouncing each other, and the paper folded."[158]

157 Jenny Miller, "The History of Madness Network News and the Early Anti-Psychiatry Movement - Mad in America," Mad in America, January 26, 2021, https://www.madinamerica.com/2021/01/madness-network-news/.
158 Ibid.

For over a decade, Psychiatric Survivors dedicated their lives to the radical movement for complete “mad liberation”. More than just a social movement, this is where many former patients found community and companionship after leaving the hospital. For some Psychiatric Survivors, they spent the majority of their lives in the hospital until deinstitutionalization left them with nowhere else to go. For others, they had limited stays in the hospital, but have found that after their release, prejudice and stigma against the “mad” left them alienated from their friends and family. More than that, the psychiatric survivor movement made patients their rational authority. Psychiatry has defined the patient as inherently irrational, especially in relation to their doctor. Even by the general population, patients’ rationality was always doubted under the guise of their sickness. The survivor movement provided the only space where a patient’s understanding of their reality was upheld as absolute truth. The end of the movement represented a return to the psychiatrist’s authority over the patient's reality. The drama of 1985 represents a desperate attempt to maintain a movement that gave them community and authority over their own lives, full personhood in a society that actively dehumanizes patients.

For some, the co-optation and end of the Survivors movement represented ultimate death. Returning to the death of Saralinda, a private letter of hers would be published in a Women's Issue of Madness Network

News a few months after her suicide. The letter was written three months before her death, and in it, Saralinda would write,

> I can't see how I can live my life without compromising. I don't want to live my life that way. If I try to live my life that way without compromising, then I know I will be defeated. Straight male money values are very powerful. I feel defeated before I begin.
>
> I want to fight, but feel so pessimistic. I feel I can't win. I feel alone because I'm not in touch with any women who are committed, who are willing to put their lives on the line. I feel being alone will hurt me more than if I didn't continue to live another day. It would be more comforting to be with a group of women who feel as I do, but I think we would still end up dead. Eventually. What we're fighting against is so powerful.
>
> I don't want to go back to the hospital because it won't let me get away undestroyed. If it was unable to force treatment on me, if I could do what I wanted to do in there, I could find support from more people, because being where I am I will be destroyed before I reach the people who could support me.
>
> I know I am down and not seeing some things. My feelings are very strong and real and it's going to kill me sooner or later. I am so bitter, angry, and frustrated. It is not “all in my head”. My feelings are due to this society.
>
> Some people expect me to fight this society instead of killing myself (let The Man destroy me). But why do these people demand it of me when they aren't even fighting.
>
> ` They are compromising. That's not for me. My feelings are too strong.[159]

159 Saralinda, “Saralinda,” *Madness Network News 4.3*, Summer 1977.

Bibliography

Adame, Alexandra L., Matthew Morsey, Ronald Bassman, and Kristina Yates. “A Brief History of the Psychiatric Survivor Movement.” In

Exploring Identities of Psychiatric Survivor Therapists, 1st ed., 33–53, 2017. https://doi.org/10.1057/978-1-137-58492-2_2.

Anne, Sue, and Lenny Lapon. “Fasting for Freedom.” *Madness Network News 8.2*, Fall 1986.

Annual Conference on Human Rights and Psychiatric Oppression. “Boston Conference Patient Demands.” *Madness Network News*, October 1976.

Burnham, John C., and Gerald N. Grob. “From Asylum to Community: Mental Health Policy in Modern America.” *The American Historical Review* 97, no. 4 (October 1, 1992): 1297. https://doi.org/10.2307/2165681.

Chabasinski, Ted, JD. “The History and Future of Our Psychiatric Survivor Movement - Mad in America.” Mad in America, August 19, 2012. https://www.madinamerica.com/2012/08/the-history-and-future-of-our-psychiatric-survivor-movement/.

Chamberlain, Judi. “Cooptation and Democracy: An Alternative View.” *Madness Network News 7.6*, 1985.

Chamberlin, Judi. *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, 1979.

———. “The Eighth International Conference on Human Rights and Psychiatric Oppression: Impressions and Observations.” *Madness Network News*, Fall 1980.

———. “The Ex-Patients’ Movement: Where We’ve Been and Where We’re Going.” *The Journal of Mind and Behaviour* 11, no. 3 (Summer 1990): 2. https://narpa.org/reference/where-weve-been-and-where-were-going/Chamberlin-The_Ex-Patients_Movement.pdf.

———. “Third Annual Conference on Human Rights and Psychiatric Oppression: Organizing? OR Disorganizing?” *Madness Network News 3.3*, October 1975.

Charlton, James I. “Nothing About Us Without Us: Disability, Oppression and Empowerment.” *Choice Reviews Online* 36, no. 01 (September 1, 1998): 36–0640. https://doi.org/10.5860/choice.36-0640.

Cohen, Richard. *Movement Activists Saralinda and Jenny Miller holding protest signs at the 1976 NAPA occupation of California Governor Brown’s office. Printed in the October 1976 issue of Madness Network News.* 1976.

Coleman, Gabriella. “The Politics of Rationality Psychiatric Survivors’ Challenge to Psychiatry.” In *Tactical Biopolitics*, 344. MIT Press, 2008.

“Deinstitutionalization - the New Asylums,” November 18, 2015. https://www.pbs.org/wgbh/pages/frontline/shows/asylums/special/excerpt.html.

Delaware County Community Support Program. “The Eight CSP Principles.” DELCO CSP, 1977. https://www.delcopacsp.org/csp-principles.

Dendron. “Bill Clinton’s HealthCare Reform.” *Dendron: News From the Mad Underground*, Fall 1993.

Doell, Sue. “Fighting for Survival.” *Madness Network News*, Fall 1985.

———. “Fighting for Survival: Alternatives Can Be Dangerous.” *Madness Network News 8.1*, Fall 1985.

———. “Fighting for Survival: Never Made Coalitions.” *Madness Network News 8.1*, Fall 1985.

Dorner, Paul. “Fighting the Enemy on Their Own Ground.” *Madness Network News 7.6*, 1985.

Erickson, Blake. “Deinstitutionalization Through Optimism: The Community Mental Health Act of 1963.” *American Journal of Psychiatry Residents’ Journal* 16, no. 4 (June 11, 2021): 6–7. https://doi.org/10.1176/appi.ajp-rj.2021.160404.

Everett, Barbara. *A Fragile Revolution: Consumers and Psychiatric Survivors Confront the Power of the Mental Health System*. 1st ed. Wilfrid Laurier University Press, 2000.

Firestar, Morgan. “Maryland on My Mind.” *Madness Network News 8.1*, Fall 1985, sec. Alternatives 1985.

Frank, Richard G. “The Creation of Medicare and Medicaid: The Emergence of Insurance and Markets for Mental Health Services.” *Psychiatric Services* 51, no. 4 (April 1, 2000): 465–68. https://doi.org/10.1176/appi.ps.51.4.465.

Frazer-Carroll, Micha. *Mad World: The Politics of Mental Health*. Outspoken by Pluto, 2023.

Geller, Jeffrey L. “The Last Half-Century of Psychiatric Services as Reflected in Psychiatric Services.” *Psychiatric Services* 51, no. 1 (January 1, 2000): 41–67. https://doi.org/10.1176/ps.51.1.41.

Goffman, Erving. “On the Characteristics of Total Institutions.” In *Asylums*. Anchor Books, 1961.

Grob, Gerald. *The Mad Among Us: A History of the Care of America’s Mentally Ill*. Free Press, 1994. https://doi.org/10.5860/choice.32-0343.

Grob, Gerald. *From Asylum to Community: Mental Health Policy in Modern America*. *Princeton University Press eBooks*. Princeton University Press, 1991.

———. *Mental Illness and American Society, 1875-1940*. Princeton University Press, 2019.

———. *Mental Institutions in America: Social Policy to 1875*. 1st ed. Princeton University Press, 1972.

———. “The Attack of Psychiatric Legitimacy in the 1960s: Rhetoric and Reality.” *Journal of the History of the Behavioral Sciences* 47, no. 4 (September 1, 2011): 398–416. https://doi.org/10.1002/jhbs.20518.

———. *The Inner World of American Psychiatry, 1890-1940: Selected Correspondence*, 1985.

———. *The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830-1920*. *The American Historical Review*, 1966.

Haslam, Nick, and Naomi Baes. “What Should We Call Mental Ill Health? Historical Shifts in the Popularity of Generic Terms.” *PLOS Mental Health.* 1, no. 1 (June 4, 2024): e0000032. https://doi.org/10.1371/journal.pmen.0000032.

Horowitz, Sheila. “Tribunal On Psychiatric Crimes.” *Madness Network News 4.1*, October 1976.

Judge, John. “Diversity?” *Madness Network News 8.1*, Fall 1985, sec. Alternatives 1985.

“Judi Chamberlin: Psychiatric Survivor Movement.” Interview by Cheryl Alexander and Judi Chamberlin. Madness Radio, February 8, 2006. https://web.archive.org/web/20181105221252/http://www.madnessradio.net/madness-radio-judi-chamberlin-psychiatric-survivor-movement/.

Kramer, Morton. “Long-Range Studies of Mental Hospital Patients: An Important Area for Research in Chronic Disease.” *Milbank Quarterly* 83, no. 4 (November 18, 2005). https://doi.org/10.1111/j.1468-0009.2005.00422.x.

Lapon, Lenny. “Co-optation and Democracy.” *Madness Network News 7.5*, Winter 1985.

Lapon, Lenny, and Arrow. “Therapy as Oppression.” *Madness Network News*, Fall 1980.

Lapon, Lenny, and John Judge. “An Appeal for an Independent Psychiatry Movement.” *Madness Network News*, Fall 1985.

“Legitimate Protest and the Construction of ‘Reason.’” Interview by Stefanie Kaufman-Mthimkhulu and Beatrice Adler-Bolton, February 29, 2024.

Lewis, Abram J. “‘We Are Certain of Our Own Insanity’: Antipsychiatry and the Gay Liberation Movement, 1968–1980.” *Journal of the History of Sexuality* 25, no. 1 (2016): 83–113. https://www.jstor.org/stable/24616618.

Madness Network News. “Liberation Struggles,” Fall 1985, sec. Cover.

Madness Network News. “Confrontation With Obledo and Lackner.” *Madness Network News*, 1976.

———. “Sleep in at Gov. Brown Office, June-July 1976.” *Madness Network News*, October 1976.

Madness Staff. “Saralinda.” *Madness Network News 4.1*, October 1976.

———. “Where Were At.” *Madness Network News*, Winter 1983.

———. “Where We’re At.” *Madness Network News 8.1*, Fall 1985.

———. “Where We’re At.” *Madness Network News*, Spring 1986.

Madness Staff, and Anne Boldt. “Where We’re At.” *Madness Network News*, Summer 1986.

Metzl, Jonathan. *The Protest Psychosis: How Schizophrenia Became a Black Disease*. *Choice/Choice Reviews*. 1st ed. Beacon Press, 2010.

Miller, Jenny. “Berkley’s Shock Ban Overturned.” *Madness Network News 7.3*, Winter 1983.

———. “New Coalition Challenges Shock Treatment.” *Madness Network News 6.5*, Summer 1982.

———. “The History of Madness Network News and the Early Anti-Psychiatry Movement - Mad in America.” Mad in America, January 26, 2021. https://www.madinamerica.com/2021/01/madness-network-news/.

MNN Collective. “Hello!” *Madness Network News 7.6*, 1985.

Morris, Grant H. “The Supreme Court Examines Civil Commitment Issues: A Retrospective and Prospective Assessment.” *Tulane Law Review* 60, no. 5 (1986). https://www.tulanelawreview.org/pub/volume60/issue5/the-supreme-court-examines-civil-commitment-issues.

Morrison, Linda J. *Talking Back to Psychiatry: The Psychiatric Consumer/Survivor/Ex-Patient Movement*. 1st ed. Routledge, 2005. https://doi.org/10.4324/9780203958704.

National Center for Health Statistics. “Mental Health Treatment Trends Among Adults Aged ≥18 Years, by Age Group United States, 2019–2023.” *MMWR Morbidity and Mortality Weekly Report* 73, no. 50 (December 19, 2024): 1150. https://doi.org/10.15585/mmwr.mm7350a5.

Network Against Psychiatric Assault. “June Newsletter.” Press release. NAPA Newsletter, June 1976.

box 17, folder 25, Judi Chamberlin Collection, Robert S. Cox Special Collections and University Archives Research Center, UMass Amherst University, Amherst, Massachusetts.

Office of the United Nations High Commissioner for Human Rights. “Principles for the Protection of Persons With Mental Illness and the Improvement of Mental Health Care,” December 17, 1991. https://www.ohchr.org/en/instruments-mechanisms/instruments/principles-protection-persons-mental-illness-and-improvement.

Alternatives Conference. “Our History — Alternatives Conference,” n.d. https://www.alternatives-conference.org/our-history.

Madness Network News 8.1. “Petitions to the Conference,” Fall 1985, sec. 13th Annual Conference for Human Rights and Against Psychiatric Oppression.

Quigley, Barbara. “Berkley Electorate Bans Electroshock.” *Madness Network News 7.1*, Spring 1983.

Reaume, Geoffrey. “Lunatic to Patient to Person: Nomenclature in Psychiatric History and the Influence of Patients’ Activism in North America.” *International Journal of Law and Psychiatry* 25, no. 4 (July 1, 2002): 405–26. https://doi.org/10.1016/s0160-2527(02)00130-9.

Rissmiller, David J., and Joshua H. Rissmiller. “Open Forum: Evolution of the Antipsychiatry Movement Into Mental Health Consumerism.” *Psychiatric Services* 57, no. 6 (June 1, 2006): 863–66. https://doi.org/10.1176/ps.2006.57.6.863.

Róisín. “Anti-Psychiatry Vs Psychiatric Abolition.” Madness Network News, July 27, 2022. https://madnessnetworknews.com/2022/07/26/anti-psychiatry-vs-psychiatric-abolition/.

Rose. “Don’t Collaborate.” *Madness Network News*, Fall 1985.

Saralinda. “Saralinda.” *Madness Network News 4.3*, Summer 1977.

Sasser, David. “Mental Patients Resistance,” 1972. https://mediaburn.org/video/mental-patients-resistance-2/.

Schlossman, Steven L. “Mental Institutions in America, by Gerald Grob.” Commentary Magazine, September 3, 2015. https://www.commentary.org/articles/steven-schlossman/mental-institutions-in-america-by-gerald-grob/.

Scull, Andrew. “Blinded by Biology.” In *The Insanity of Place / The Place of Insanity*, 1st ed. Routledge, 2006. https://www-taylorfrancis-

com.proxy.libraries.rutgers.edu/chapters/mono/10.4324/9780203087985-7/blinded-biology-andrew-scull.

———. “Psychiatry and Social Control in the Nineteenth and Twentieth Centuries.” In *The Insanity of Place / The Place of Insanity*, 1st ed. Routledge, 2006. https://www-taylorfrancis-com.proxy.libraries.rutgers.edu/chapters/mono/10.4324/9780203087985-9/psychiatry-social-control-nineteenth-twentieth-centuries-andrew-scull.

Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. John Wiley & Sons, 1998.

Stanley, Richard. “Single or Multi-Issue Groups.” *Madness Network News 8.2*, Spring 1986.

Staub, Michael E. *Madness Is Civilization: When the Diagnosis Was Social, 1948-1980*. *Choice/Choice Reviews*. University of Chicago Press, 2011. https://doi.org/10.5860/choice.49-4533.

Stein, Dan J., Steven J. Shoptaw, Daniel V. Vigo, Crick Lund, Pim Cuijpers, Jason Bantjes, Norman Sartorius, and Mario Maj. “Psychiatric Diagnosis and Treatment in the 21st Century: Paradigm Shifts Versus Incremental Integration.” *World Psychiatry* 21, no. 3 (September 8, 2022): 393–414. https://doi.org/10.1002/wps.20998.

Szasz, Thomas S. *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. Harper & Row, 1961. https://clas-

pages.uncc.edu/richard-mcanulty/files/2013/09/The-myth-of-mental-illness.pdf.

Terlizzi, Emily, and Benjamin Zablotsky. “Mental Health Treatment Among Adults: United States, 2019.” *NCHS Data Brief*, no. 380 (n.d.). https://www.cdc.gov/nchs/products/databriefs/db380.htm.

The Alliance for the Liberation of Mental Patients. “At Last: ALMP Gains Access to Haverford.” Press release, Fall 1981.

box 14, folder 42, Judi Chamberlin Collection, Robert S. Cox Special Collections and University Archives Research Center, UMass Amherst University, Amherst, Massachusetts.

———. “Haverford Fight Continues.” Press release, Fall 1980.

box 14, folder 42, Judi Chamberlin Collection, Robert S. Cox Special Collections and University Archives Research Center, UMass Amherst University, Amherst, Massachusetts.

Madness Network News 3.3. “Third Annual Conference on Human Rights and Psychiatric Oppression,” October 1975.

Turner, Judith, and William TenHoor. “The NIMH Community Support Program: Pilot Approach to a Needed Social Reform.” *Schizophrenia Bulletin* 4, no. 3 (January 1978): 319–49. https://doi.org/10.1093/schbul/4.3.319.

Valkhoff, Jaap. *Patients Block Door of APA Conference*. Fall 1980. *Madness Network News*.

Whitaker, Robert. *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill*. Perseus Publishing, 2002.

Yudelman, Susan. “Notes From a New Comer.” *Madness Network News 7.5*, Winter 1985, sec. Twelfth Annual Conference.